No Sec-Connected via 10 app.

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

LINC 1746

## RECEIVED

JUN 1 1 1992

(START CARD) # 41466

(1) OWNER: Well Number: WATER HIS	(9) LOCATION OF WELL by legal descr	ription:
Name James Powers SALEW	County Live Lon	
Address Ro. Box 1/4	Township 6 Non SRange 10	
City OTIS State Olegon Zip 97368	Section	á
(2) TYPE OF WORK:	Tax Lot Block	
New Well Deepen Recondition Abandon	Street Address of Well (or nearest address)	<u> </u>
(3) DRILL METHOD		· <del></del> -
🔀 Rotary Air 🔲 Rotary Mud 🔲 Cable	(10) STATIC WATER LEVEL:	
Other	ft. below land surface.	Date <u>5:-209</u> こ
(4) PROPOSED USE:	Artesian pressure lb. per square inch.	Date
🕅 Domestic 🔲 Community 🔲 Industrial 🔲 Irrigation	(11) WATER BEARING ZONES:	
☐ Thermal ☐ Injection ☐ Other	Depth at which water was first found 38'	
(5) BORE HOLE CONSTRUCTION:		151 5   4117
Special Construction approval Yes No Depth of Completed Well 170 ft	.	d Flow Rate SWL
Yes No L 🛣 Explosives used 🗌 🛣 Type Amount	3	
	86 87 5	
HOLE SEAL Amount  Diameter From To Material From To sacks or pounds		
10 0 27 Coment 0 27 9	(12) WELL LOG: Grand classics	
is	Ground elevation	
6 27 170	7803370	roff? To3 SWL
		3 8
How was seal placed: Method A B B C D E		B 14
Other	CACOUT CACABOTAL	4 22
Backfill placed fromft.toft. Material		92 98
Gravel placed fromft. toft. Size of gravel		8 135
(6) CASING/LINER:		35 /70
Diameter From To Gauge Steel Plastic Welded Threaded		<del></del>
rasings to Francisco and the control of the control		<del>-</del>
Liner: 4 0 17c 160 <sup>±</sup>		
Final location of shoe(s)		
(7) PERFORATIONS/SCREENS:		<del></del>
Perforations Method	.	_
Screens Type 4 Round Ide SMaterial	.	
Slot Tele/pipe		
From To size Number Diameter size Casing Liner		
50 150 740		-
	Date started 5-19-97 Completed 5	-20-92
	(unbonded) Water Well Constructor Certification	
(8) WELL TESTS: Minimum testing time is 1 hour	I certify that the work I performed on the const	
Pump Bailer Air Artesian	abandonment of this well is in compliance with Ore	gon well construction
<u> </u>	standards. Materials used and information reported about howledge and belief.	ive are true to my best
Yield gal/min Drawdown Drill stem at Time		C Number
7 /65 1hr.	Signed Date	·
	_	
	(bonded) Water Well Constructor Certification: I accept responsibility for the construction, altera	tion, or abandonmen
Temperature of water   work performed on this well during the construction dates reported above. a		
Was a water analysis done?	work performed during this time is in compliant construction standards. This report is true to the best	e with Oregon well of my knowledge and
Did any strata contain water not suitable for intended use? ☐ Too little ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other	1 1 6	-20
Denth of strate:	Signed 6 2 Zhang Date	5-26-92



## **Application for Well ID Number**

**RECEIVED** 

	Do not complete	if the well alread	ly has a Well Identi	fication Number.
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	JUL 18 2024
	OWRD
I. OWNER INFORMATION	
Current Owner Name (please print): Matthew Giri	
Mailing Address: 1261 Salmon River Hwy, PO Box 288	
City, State, Zip: Otis, OR 97368	
Packet	#L 95022 installed by inspector
Name & Address: Matthew Giri Po Box 288	
City, State, Zip: Otis OR 97368	
Tax Lot (usually last 3-5 numbers of Tax Map #): 801 County Line	SE 1/4 of the SE 1/4
GPS Coordinates: 45.018817, -123.946830	
Street Address of Well, City: 1252 Salmon River Hwy, Otis	Otis Jet Water System OR 41 92028
If the property had a different street address in the past:	0R41 92028
III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Use of Well (domestic, irrigation, commercial, industrial, monitoring):  Date Well Constructed (or property built):  5-20-1992  Total Well Depth:  Owner at time the well was constructed (if known): James Powers  Well Report Other Information:  Driller misfiled log in sec 29. Corrected about	Casing Diameter: 6"
SUBMITTED BY (please print): NW Region Well Inspector Ryan Pillsbury	
PHONE: EMAIL &/or FAX:	
To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summe Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986	
For Official Use Only by the Oregon Water Resources Departr	ment:
Received Date: Well Report Number:  7-18-2024 LINC 1746	Well Identification #: L-95022