

STATE ENGINEER
Salem, Oregon

CLAC 00383

Well Record

STATE WELL NO. 1/2-32K
COUNTY Clackamas
APPLICATION NO. GR-2845

OWNER: Pete Fucile

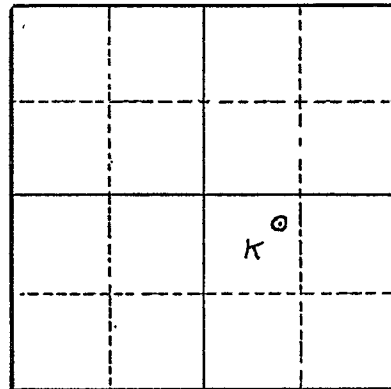
MAILING ADDRESS: 11611 SE Fuller Rd

LOCATION OF WELL: Owner's No.

CITY AND STATE: Oregon

NW 1/4 SE 1/4 Sec. 32 T. 1 S., R. 2 E., W.M.

Bearing and distance from section or subdivision corner N 32° 2' W, 2725' from SE cor. of Sec 32



Section 32

Altitude at well

TYPE OF WELL: Drilled Date Constructed 1937

Depth drilled 114' Depth cased 114'

CASING RECORD:

6-inch

FINISH:

AQUIFERS:

WATER LEVEL:

PUMPING EQUIPMENT: Type Myer H.P. 3
Capacity 30 G.P.M.

WELL TESTS:

Drawdown ft. after hours 30 G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F., 19

SOURCE OF INFORMATION GR-3972

DRILLER or DIGGER

ADDITIONAL DATA:

Log NA Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

WELL IDENTIFICATION FORM

Owner's Well Number: _____
WATER RESOURCES DEPT.
SALEM, OREGON

CURRENT WELL OWNER:

Phone 653-2907

Name: GARY D. MURRAY

Mailing Address: 11515 S.E. FULLER RD.

City: MILWAUKIE State: OR. Zip: 97222

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

County: CLACK. CLAC 383 Latitude: _____ Longitude: _____

Township: 016 N or S, Range: 02E E or W Section: 32SE 1/4 _____ 1/4

Tax Lot Number: 500

Street Address of Well (if different from above): _____

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: PETE FUCILE

Well Depth (in feet): 113' Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: **Oregon Water Resources Department**
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 12600

WATER RESOURCES DEPT.
SALEM, OREGON

FEB 13 1997

RECEIVED