CLAC 63521

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for

Well ID Number

Do not complete if the well already has a Well I.D Number or if you do not own the property where the well is located.

I. OWNER INFORMATION

Current Owner Name *(please print)*: PAUL PALFEY

Mailing Address: 28255 S. MOON RIDGE RD.

City, State, Zip: COLTON, OR 97017

Mailing Address *(to send Well I.D.)*: SAME

City, State, Zip: _____

II. WELL INFORMATION

Township: 4S (North/South) Range: 3E (East/West) Section: 25

Tax Lot: 901 County CLACKAMAS _____ 1/4 _____ 1/4

Lot: _____ Block: _____ Subdivision: _____

Street Address of Well, City, State: _____

Owner at time the well was constructed, (if known): _____

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION *(Do not complete this section if the well report is attached)*

Type of Well (domestic, irrigation, commercial, industrial, monitoring, etc.): DOMESTIC

Date Well Constructed: _____ Well Depth: _____ Casing Diameter: _____

Other Information: _____

SUBMITTED BY *(please print)*: PAUL PALFEY

PHONE: (503) 624-3787 ~~FAX:~~ EMAIL: PAULPALFEY@AOL.COM

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Tuesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date:	Well Log Number:	Well Identification Tag #:
6·1·07	"CLAC 63521"	91305

CLAC 63521

Molalla PUMP

WATER SYSTEM REPORT

DATE 9-2-97 REPORT FOR PAUL PALFEY

SOURCE LOCATION 28255 S. MOON RIDGE RD.

SOURCE TYPE DOMESTIC CHLORINATOR (YES) ____ (NO) X

EQUIPMENT DESCRIPTION 1/2 H.P. SUB

DATA COLLECTED

TIME	FLOW RATE	GALLONS PUMPED	PRESSURE (PSIG)	STATIC LEVEL
8:55	11 GPM	START UP	50	46'
9:00	11	55	50	47'
9:05	11	110	50	47
9:10	11	165	50	47
9:25	11	330	50	47
9:40	11	495	50	47
9:55	11	660	50	47
10:10	11	825	50	47
10:25	11	990	50	47
10:40	11	1155	50	47
10:55	11	1320	50	47

COMMENTS _____

OTHER INFORMATION: CASING SIZE 6" WELL DEPTH UNKNOWN

HEIGHT OF CASING ABOVE LAND SURFACE 1"

SANITARY WELL SEAL 6 x 1 SPLIT SEAL

WELL CASING PROPER VENTED YES SAMPLE COLLECTED YES

TEST PUMP PART OF PERMANENT SYSTEM YES TYPE (S) POT AND NIT

TEST EQUIPMENT USED (1) PUMP EXISTING

(2) FLOW MEASUREMENT BLUE - WHITE

DATA COLLECTED BY: FRANK BEAUDRY

REPORT SUBMITTED BY: FRANK BEAUDRY

801 E. Main • Molalla, OR 97038 • (503) 829-2206