STATE ENGINEER Salem, Oregon

COLWARSRecord Columbia Columbia APPLICATION NO. CR-3916

OWNER: Emit A. Martin	MAILING	Ponto 1	Par 660	
LOCATION OF WELL: Owner's No.			-	
		St. Held	ens, Oregon	
SE 1/4 SW 1/4 Sec. 25 T. 5 % R. 2 W	., W.M.	·		
Bearing and distance from section or subdivision				
corner 1100' N. & 375' W. from St Cor. Sec.	. 25			
	NAMES OF SECTOR AS MEMORITA OF THE			
Altitude at well			x	
TYPE OF WELL: Drilled Date ConstructedJa		<u> </u>		
Depth drilled 315 ft. Depth cased 18 ft.		Sectio	n25	
CASING RECORD:				
8 inch steel casing from surface to 18 fee	et.			
9	-	•		
FINISH:		al "	T-	
·				
AQUIFERS:		——————————————————————————————————————		***************************************
WATER LEVEL:	,			
WAIER LEVEL:				
		. I - A - A - A - A - A - A - A - A - A -		
PUMPING EQUIPMENT: Type Pacific jet		*	н.р. 3	
Capacity G.P.M.				
WELL TESTS: Drawdown250 ft. after	hours	/LO		C TO N/I
Drawdown ft. after				
Diawdown It. after	nours			G.P.M
USE OF WATER Trrigation	Temp.	°F		, 19
SOURCE OF INFORMATION Well Registration DRILLER or DIGGER	n Statement		GR_3553	
ADDITIONAL DATA:				_
LogX Water Level Measurements	Chemical An	alysis	Aquifer Test	
REMARKS:				
Log: Clay	Th	nickness	Depth to Bottom	L
Sandstone		18 297	18 31 <i>5</i>	

*51*533 IDENTIFICATION FORM Owner's Well Number: Phone 503-397-3152 CURRENT WELL OWNER: Shared well with Dan Luttre Name: Sam and Jean MCN par -Mailing Address: (2/230 Skeet Aire Helens State: OREGON Zip: 97051 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 a well report is not available, please complete the remainder of the form to the best of your ability. WELL LOCATION: Columbia Latitude: _____ Longitude: _____ Township: 5 (N) or S, Range: 6 E of W) Section: 25 SC 1/4 S Tax Lot Number: Street Address of Well (if different from above): <u>Le1230 Dart Creek</u> Rd Helens, OR. 97051 WELL INFORMATION: _____ Approx. Construction Date: _____ Start Card Number: Name of Owner at Time of Construction: French Martin (?) Well Depth (in feet): _____ 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 RECEIVED (Office use only) JUL 0 2 2001

Well Identification Number:

WATER RESOURCES DEPT.

SALEM, OREGON