

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

RECEIVED

JUL - 9 1992

(START CARD) # W-27307

145/13E/1460

DESC
 1367

(1) OWNER: Well Number _____
 Name OREGON STATE PARKS, Smith Fork
 Address 9241 N.E. CROOKED RIVER DR
 City TERREBONNE State OR Zip 97760

LOCATION OF WELL by legal description:
 Township 14S N or S. Range 13E E or W. WM.
 Section 14 NE $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 6600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9241 N.E. Crooked River, TERREBONNE, OR 97760

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other Public Water Source

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 302 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
18"	0 40	Cement Grout	0 40	60 sacks
8"	40 210			
6"	210 300			

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	0	41	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	0	210	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
170	210	1/8"	684	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
37	0		1 hr. 6 hrs

Temperature of Water 540 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom STATE
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 164-227'

(10) STATIC WATER LEVEL:
144 ft. below land surface. Date 6/1/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 164'

From	To	Estimated Flow Rate	SWL
164	167	5 GPM	144
179	227	9 GPM	144
273	296	100 GPM	144

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Cemented Gravel	0	3	
Black LAVA	3	31	
BROKEN RED LAVA	31	35	
BLACK LAVA	35	71	
BROKEN LAVA	71	84	
BLACK LAVA	84	132	
BROWN CLAY + GRAVEL	132	142	
BLACK LAVA	142	164	
Black Broken LAVA WB	164	167	144
HACK + RED LAVA	167	179	
Multi-Colored Broken Rock WB	179	210	144
BROKEN BLACK LAVA WB	210	227	144
BLACK LAVA	227	250	
BROKEN LAVA/CLAYSTONE SHIPS	250	273	
Multi Colored Broken Rock WB	273	294	144
BROKEN LAVA	294	296	
BLACK LAVA	296	302	

Date started 4/22/92 Completed 6/1/92

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Stephen Ladd Helmer WWC Number _____ Date 6/1/92

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

Signed Wayne T. Beecher WWC Number 677 Date 6-1-92

For Official Use Only by The Oregon Water Resources Department:

Received Date:

Well Log Number:

Well Identification Tag #:

Desc1367

L-79665

RECEIVED

JUL 22 2005

APPLICATION FOR A WELL IDENTIFICATION TAG**WATER RESOURCES DEPT.
SALEM, OREGON**

Please print clearly. If shared well see instructions. This is Well # 2 of 4 wells on the property.

LANDOWNER INFORMATION:

Current landowner's name and mailing address:

Oregon Parks & Recreation Department
725 Summer Street NE, Suite C
Salem Oregon 97301-1266

Mail tag and paperwork to: (Real Estate Co. or other party, if not the current landowner):

Henry Mackenroth
Oregon Parks & Recreation Department
725 Summer Street NE, Suite C
Salem, Oregon 97301-1266

Application submitted by (& phone number or e-mail):

Henry Mackenroth, 503-986-0764, henry.mackenroth@state.or.us

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

WELL LOCATION INFORMATION:Township #: 14S Range #: 13E Section #: 14B Tax Lot #: 101 County: Deschutes
Street Address & City of Well:
Smith Rock State Park, 9241 NE Crooked River Drive, Terrebonne, OregonIf the property had a different street address in the past, please indicate it, if known:
_____**WELL INFORMATION:** (You do not need to complete this section if the well report is attached)

Type of Well (i.e.; domestic, irrigation, commercial, industrial, monitoring, etc.): _____

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

Other Information: _____

Applications can be mailed to: Oregon Water Resources Department – 725 Summer Street N.E., Suite A
- Salem, OR 97301-1271 OR fax to 503-986-0902. Applications are processed and tags mailed every
Monday morning. **Thank you for participating in Oregon's Well Identification Program!**