

Corrected via ID app per Co  
 STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.765)

**DOUG** 1374  
~~1374~~  
~~1360~~

265/2E/20  
 48814

(START CARD) #

(1) OWNER: Well Number \_\_\_\_\_  
 Name Clyde Huffman  
 Address HC 60 Box 64  
 City Isleyd Park State Ore Zip 97447

(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

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 50 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 42	Portland	30 0	16 sacks	
6"	42 50				

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: 6"	+2	42	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-2	50	SDR-26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_  
 (7) PERFORATIONS/SCREENS: SKULL SAW  
 Perforations Method Watts Knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-2	50	6x4	75	4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 25 GPM Drawdown 30' Drill stem at 49' Time 1 hr.

Temperature of Water 41° Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: 43'

(9) LOCATION OF WELL by legal description:  
 County Douglas Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 06 N or S 0 Range 2 E E or W W.M.  
 Section 17 20 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax L. 6562.04 of \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date 7/5/93  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 43'

From	To	Estimated Flow Rate	SWL
43'	44'	25 GPM	20'

(12) WELL LOG:  
 Ground elevation \_\_\_\_\_

Material	From	To	SWL
Clayrock yellow	0	19'	
Sandrock Broken	19	30'	0
Gravel/Broken Sandrock	30	36'	
Sandrock med	36	50'	20'

Date started 7/5/93 Completed 7/5/93

(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 Gary Mohr WWC Number 1211  
 Date 7/20/93

(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 Bruce H. Mohr WWC Number 629  
 Date 7-26-93



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem Oregon 97301  
 (503) 986-0900  
 www.oregon.gov/owrd

# Application for Well ID Number

RECEIVED

*Do not complete if the well already has a Well Identification Number.*

DEC 17 2024

OWRD

**I. OWNER INFORMATION**

Current Owner Name (please print): Dustin Ashliegh Living Trust  
 Mailing Address: 115 Elk Ridge Ln  
 City, State, Zip: Idleyld Park, OR 97447  
 Mail Well ID to:  SAME AS ABOVE  In Care Of (C/O)  
 Name & Address: Dustin Ashliegh, Trustee, 478 Elk Ridge Ln  
 City, State, Zip: Idleyld Park, OR 97447

**II. WELL LOCATION INFORMATION** (Please fill out as completely as possible)

Township: 26 S (North / South) Range: 2 E (East / West) Section: 20 SW 1/4 of the NE 1/4  
 Tax Lot (usually last 3-5 numbers of Tax Map #): 1004 County Douglas  
 GPS Coordinates: 43.296004, -122.6050434  
 Street Address of Well, City: 115 Elk Ridge Ln, Idleyld Park, OR 97447  
 If the property had a different street address in the past: \_\_\_\_\_

**III. GENERAL WELL INFORMATION** (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Commercial  
 Date Well Constructed (or property built): 7-5-93 Total Well Depth: 50' Casing Diameter: 6"  
 Owner at time the well was constructed (if known): Clyde Huffman Well Report # (if known): DOUG 1374  
 Other Information: Also known as North River RV Park Range + Sec 2E 20. "Tax lot" on log 656204 is alt tax acct # at County

SUBMITTED BY (please print): Dustin Ashliegh  
 PHONE: 541-530-0283 EMAIL &/or FAX: info@golastresort.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.  
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>12-17-2024</u>	Well Report Number: <u>DOUG 1374</u>	Well Identification #: <u>L-157008</u>
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