

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are filed with the

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JUN 11 1969

WATER WELL REPORT

JEFF

STATE ENGINEER, SALEM, OREGON
within 30 days from the date of well completion

STATE ENGINEER
OREGON

STATE OF OREGON
(Please type or print)
(Do not write above this line)

State Well No. 13/13-32
State Permit No. _____

T82

(1) OWNER:

Name OREGON STATE Hiway Dept
Address Salem Oregon 97301

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(11) LOCATION OF WELL:

County Jefferson Driller's well number _____
1/4 1/4 Section 32 T. 13S R. 13E W.M.

Bearing and distance from section or subdivision corner
PETER SKENE OGDEN STATE PARK CROOKED RIVER GORGE

(12) WELL LOG:

Diameter of well below casing 6"
Depth drilled 310 ft. Depth of completed well 310 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

CASING INSTALLED: Threaded Welded
6" Diam. from +1 1/2 ft. to 38 1/2 ft. Gage 1/4
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

Perforated? Yes No
Type of perforator used _____
Size of perforations in. by in.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Type _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WATER LEVEL: Completed well.

Static level 156 ft. below land surface Date 5/24/69
an pressure _____ lbs. per square inch Date _____

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
" gal./min. with _____ ft. drawdown after _____ hrs. Complete
" AIR hi & T 35 gal p.m.
Bailer test gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 58 Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used Bentonite
Depth of seal 38 1/2 ft.
Diameter of well bore to bottom of seal 9 in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft. Yes

MATERIAL	From	To	SWL
Sandy top soil	0	4	
Grey Lava (mill)	4	19	
Reddish Lava (mill)	19	28	
Grey lava (Hard)	28	89	
" " (Med)	89	99	
" " (Hard)	99	139	
" " (Med)	139	187	156
Grey lava (extra Hard)	187	203	
" " (Med)	203	217	
" " HARD	217	241	
" " Med	241	245	
" " Hard	245	247	
Blue Granite (Med)	247	287	
Lite Grey Granite	287	314	
decomposed			
extra			
Course sand	314	307	
broken Rock all colors			
Brown Sand stone	307	310	

Work started 5/16/69 1969 Completed 5/23 1969
Date well drilling machine moved off of well 5/24 1969

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Dick Atkins Date 5/24, 1969
(Drilling Machine Operator)

Drilling Machine Operator's License No. 249

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME AKINS Well Drilling
(Person, firm or corporation) _____ (Type or print)
Address P.O. Box 264 Prineville Oregon
[Signed] Dick Atkins
(Water Well Contractor)

Contractor's License No. 260 Date 5/24, 1969

For Official Use Only by The Oregon Water Resources Department:

Received Date:

6-9-05

Well Log Number:

Jeff782 Deschutes Well

Well Identification Tag #:

L-78772

APPLICATION FOR A WELL IDENTIFICATION TAG

Please print clearly. If shared well see instructions. This is Well # 1 of 1 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 #: 13 E Section #: 5 Tax Lot #: 100 County: Deschutes

Street Address & City of Well:

Peter Skene Ogden State Scenic Viewpoint, Highway 97 North, Terrabonnie, Oregon

WELL IS
IN DESCHUTES
COUNTY BY ABOUT
300 FEET.

If the property had a different street address in the past, please indicate it, if known:

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WELL INFORMATION: (You do not need to complete this section if the well report is attached)

WATER RESOURCES DEPT
SALEM OREGON

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!**