STATE OF OREGON 1 1 1996 AND 2 MAY 3 1 199
WATER SUPPLY WELL REPORTS DEPT.
(as required by ORS 537.789)
Instructions for completing this Ann. OREGON MAY 3 1 1996 Instructions for completing this Peport are on the last page of this form. CALEM OREGON 4 (9) LOCATION OF WELL by legal description: Well Number Elijah Bristow St. Park County Latitude Latitude Township 195 N or S Range E or W. WM. Address 38263 Wheeler Rd SW Zip 97431 1/4 SE 1/4 Dexter Block Subdivision (2) TYPE OF WORK Tax Lot _____Lot___ Street Address of Well (or nearest address) 38263 Wheeler k New Well Deepening Alteration (repair/recondition) Abandonment Dexter. (3) DRILL METHOD: (10) STATIC WATER LEVEL: Rotary Air Rotary Mud Cable Other ft. below land surface. (4) PROPOSED USE: lb. per square inch. Artesian pressure (11) WATER BEARING ZONES: ☐ Irrigation Domestic Community Industrial Injection Livestock Other ☐ Thermal (5) BORE HOLE CONSTRUCTION: Depth at which water was first found Special Construction approval Yes No Depth of Completed Well 10 ft. To Estimated Flow Rate SWL Explosives used Yes No Type ___ From 75 <u>3.s</u> 3. SEAL HOLE 100 01 Material From Sacks or pounds Diameter From To To 391 Coment W 0 10 1% bettorik (12) WELL LOG: ΠE $\square D$ How was seal placed: Method **Ground Elevation** Other . SWL From Material Backfill placed from Material ft. to 9 8 O ft. to Size of gravel Gravel placed from Gravels (6) CASING/LINER: From Gauge Steel Plastic Welded Threaded gravel Diameter To 8 28 X \Box green hard Casing: 90 Sandstone, brown, hard 75 black-green, hard 95 90 B 95 110 Tutto black-green, hard П Liner: Final location of shoe(s) (7) PERFORATIONS/SCREENS: Perforations Method Material Screens Tele/pipe Casing Diameter Number From size Completed (8) WELLTESTS: Minimum testing time is 1 hour Date started well output may fluctuate (unbonded) Water Well Constructor Certification: Flowing I certify that the work I performed on the construction, alteration, or abandonment X Air Pump Bailer Artesian of this well is in compliance with Oregon water supply well construction standards. Drill stem at Time Yield gal/min Drawdown Materials used and information reported above are true to the best of my knowledge 102 110 and belief. 40 WWC Number Date Signed (bonded) Water Well Constructor Certification: Depth Artesian Flow Found Temperature of water I accept responsibility for the construction, alteration, or abandonment work Yes By whom Was a water analysis done? performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. Too little Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other WWC Number <u>636</u> Depth of strata: Signed \/an ORIGINAL & FIRST COPY WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

195/012/06 DC

For Official Use Only by The Oregon Water Resources Department:					
Received Date:	Well Log Number:Lane50802	Well Identification Tag #: L - 7 87 5 5			
APPLICATION FOR A WELL IDENTIFICATION TAG					
Please print clearly. If shared well see instructions. This is Well # 3 of 3 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:	(RECEIVED
Township #: 19S Range #: 1W Section #: 6 Street Address & City of Well: Ellijah Bristow State Park, 38263 Wheeler Road, Dexter		County: Lane	JUN 09 2005 WATER RESOURCES DEP SALEM OREGON
If the property had a different street address in the	ne past, please indi	cate it, if known:	

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!

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

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.):

(revised 6/05)