

TAKE 946

LANE 946

FEB 12 1991

16S/6W/34bd

27214

WATER RESOURCES DEPT (STA

(START CARD)

Well Number:

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County LANE Latitude _____ Longitude _____
Township 16S N or S. Range 6W E or W, WM.
Section 34 SE $\frac{1}{4}$ N41 $\frac{1}{4}$
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 23858 Hwy

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(10) STATIC WATER LEVEL:

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

ARTESIAN ft. below land surface. Date 1-30-91

Artesian pressure 5 lb. per square inch. Date 1-30-91

(11) WATER BEARING ZONES:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Depth at which water was first found 433

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 443 ft.

Explosives used Yes ☐ No ☒ Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
433	443	300	ARTESIAN

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	18 1/2	CEMENT	0	18 1/2	55 SACKS
6	18 1/2	44 3/4				

(12) WELL LOG:

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	4 1/2	18 1/2	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) NONE USED

7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

[illegible]

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

☐ Pump ☐ Bailer ☒ Air ☒ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300		442	1 hr.
60	FLOWING	ARTESIAN	20 HRS

Temperature of water 54° Depth Artesian Flow Found 433
 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: _____

(nonbonded) 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 Dell Page WWC Number 104
Date 1-30-91

(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.

believe. WWC Number 104
Signed Del Page Date 1-30-91



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D. Number.

I. OWNER INFORMATION

Current Owner Name (please print): Livelihood Enterprises, Inc.
Mailing Address: 805 Williams Ave.
City, State, Zip: Tillamook OR. 97141
Address to send Well I.D. Tag: same as above
City, State, Zip: _____

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 16 S (North/South) Range: 6 W (East/West) Section: 34
Tax Lot: 200 County Lane SE 1/4 NW 1/4
Street Address of Well, City: 23850 Hiway 36 cheshire OR. 97419
Owner at time the well was constructed, (if known): Rodney & Cathy Greenslit
If the property had a different street address in the past: 23858 Hiway 36 97419

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic
Date Well Constructed: 1-30-91 Total Well Depth: 443 Casing Diameter: 6"
Other Information: _____

SUBMITTED BY (please print): John S. Ely President Livelihood Enterprises, Inc.
PHONE: 503-842-8731 FAX: _____

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:			
Received Date:	Well Log Number:	Well	Identification #:
<u>4-8-14</u>	<u>LANE 946</u>		<u>L-114328</u>

APR 08 2014

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SALEM, OR

WCC