

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

*LINN 4117*

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NOV - 2 1993

RECEIVED

*12s/2w/24*  
59446

(START CARD) #

(1) OWNER:

Name HALCYON VILLA MOBILE PARK  
Address 38159 WEIRICH RD.  
City LEBANON State ORE Zip 97355

Well Number DR-794

(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 MOBILE HOME PARK

(5) BORE HOLE CONSTRUCTION:

Special Construction approval  Yes  No Depth of Completed Well 107 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	32	Bentonite	0	32	51 SACKS
8"	32	107				

How was seal placed: Method  A  B  C  D  E

Other 3/4 - Poyaco Day

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	8"	+1	89	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) 89'

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tel./pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
55	28'		4 1/2 hr.
65	32'		4 1/2 hrs

Temperature of Water 53° 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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County LINN Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 12 Range 2 of W WM.  
Section 24 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

6 ft. below land surface. Date 9-23-93  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 89'

From	To	Estimated Flow Rate	SWL
89	105	65 gpm	6'

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
LOAM	0	6	
SAND & GRAVEL	6	12	
CLAY-BROWN w/COBBLES	12	17	
BOULDER - LAMPED	17	23	
CLAY-BROWN w/GRAVEL	23	25	
SAND GRAVEL - SILTY	25	27	
CLAY-BROWN	27	33	
GRAVEL-CEMENTED w/CLAY	33	39	
CLAY-BROWN w/GRAVEL	39	51	
SAND GRAVEL - PEY	51	56	
CLAY-BROWN w/GRAVEL	56	79	
CLAY-BROWN - SANDY	79	83	
CLAY - GRAY	83	89	
CLAY-GRAY w/GRAVEL STREAKS	89	101	6'
CLAY-BLUE w/GRAVEL STREAKS	101	107	6'

Date started 9-2-93 Completed 9-23-93

(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.

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(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.

WWC Number 664  
Signed Charles D. Best Date 9-30-93



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

**RECEIVED**

**AUG 22 2017**

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

WATER RESOURCES DEPT  
 SALEM, OREGON

**I. OWNER INFORMATION**

Current Owner Name (please print): Halcyon MHC, LLC  
 Mailing Address: 1700 Adams AVE SUITE 212  
 City, State, Zip: Costa Mesa, CA 92626  
 Mail Well ID Tag to:  SAME AS ABOVE  In Care Of (C/O)  
 Name & Address: Randy Munson 38129 Weirich Drive #1  
 City, State, Zip: Lebanon, OR 97355

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

Township: 12 (North / South) Range: 2 (East / West) Section: 24 1/4 of the SE 1/4  
 Tax Lot (usually last 3-5 numbers of Tax Map #): 600 County Linn  
 GPS Coordinates: \_\_\_\_\_  
 Street Address of Well, City: 38129 Weirich Drive # Lebanon, OR 97355  
 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 Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic  
 Date Well Constructed (or property built): 9/2/1993 Total Well Depth: 107 ft Casing Diameter: \_\_\_\_\_  
 Owner at time the well was constructed (if known): Halcyon Villa Well Log # (if known): Linn 4117  
 Other Information: \_\_\_\_\_

SUBMITTED BY (please print): Stephen P Crook  
 PHONE: 541-337-4197 EMAIL &/or FAX: ParksideMHC I@comcast.net

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.  
 Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

*For Official Use Only by the Oregon Water Resources Department:*

Received Date: <u>8-22-17</u>	Well Log Number: <u>LINN 4117</u>	Well Identification #: <u>L-127809</u>
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