

STATE ENGINEER
Salem, Oregon

3233
MARI.....

Well Record

STATE WELL NO. 6/LW-18F
COUNTY Marion
APPLICATION NO. GR-3818

OWNER: Cornelius Dean Van Hees

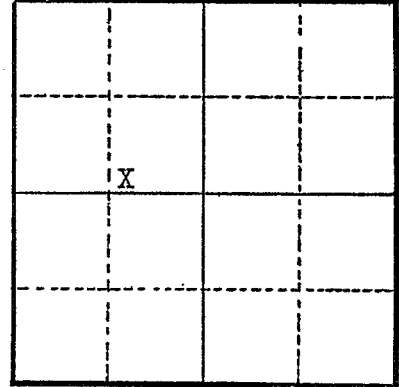
MAILING ADDRESS: Route 2, Box 222B

LOCATION OF WELL: Owner's No. _____

CITY AND STATE: Silverton, Oregon

SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 18 T. 6 N. S., R. 1 E. W., W.M.

Bearing and distance from section or subdivision
corner 1590' E. & 100' N. from W $\frac{1}{4}$ Cor. Sec. 18



Section 18

Altitude at well _____

TYPE OF WELL: Drilled Date Constructed 2/25/51

Depth drilled 101 feet Depth cased 101 feet

CASING RECORD:

6 inch steel casing set to 101 feet

FINISH:

AQUIFERS:

WATER LEVEL:

PUMPING EQUIPMENT: Type Turbine Jacuzzi H.P. 5
Capacity _____ G.P.M.

WELL TESTS:

Drawdown _____ ft. after _____ hours _____ G.P.M.
Drawdown _____ ft. after _____ hours _____ G.P.M.

USE OF WATER Irrigation Temp. _____ °F., 19____

SOURCE OF INFORMATION Well Registration Statement

DRILLER or DIGGER Carl H. Saunders

ADDITIONAL DATA:

Log Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:

3479

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

MARI 3233

7-55713

0100-0

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

DEC 12 2001

WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: FRANK ARRIFOLA

Mailing Address: 9822 SARATOGA DR. NE

City: SILVERTON State: OR Zip: 97381 Phone: (503) 873-8991

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION: Latitude _____ Longitude _____

County: MARION Owner's Well Number (1st or 2nd, etc) 1st

Township: 6 N or S Range: 1 E or W Section 18 1/4 _____ 1/4 _____

Tax Lot Number: 45499 000 Type of Well: water supply monitoring _____

Address of Well (if different from above): _____

Does this well have a formal water right associated with it? Yes: _____ No:

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

WELL INFORMATION: (do not complete remainder of application if well log is attached)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Please Return Completed Form to: Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97301-4172