

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

MULT
3282

DEC 14 1992

15/6E/3

(START CARD) # 45177

(1) OWNER: Well Number _____
 Name Oregon State Parks & Rec.
 Address 525 Trade St. se
 City Salem State OR. Zip 97310

(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 _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 205 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	25	cement	0	25	12
8	25	205				

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	+2	205	1/4	<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) 205

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
100 +	120	205	4 hr.

Temperature of Water 59 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 Mout. Latitude _____ Longitude _____
 Township 1 N or S. Range 6 E or W. WM.
 Section 3 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) I/84 & Ext.35 e.
Ainsworth State Park

(10) STATIC WATER LEVEL:
85 ft. below land surface. Date 12/9/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 105

From	To	Estimated Flow Rate	SWL
105	130	10	65
190	205	100 +	85

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
clay & rock brown	0	15	
rock & clay brown	15	20	
clay & rock gray/brown	20	80	
gravel & clay gray	80	105	
cemented gray gravel	105	130	65
sand brown	130	150	
sand & clay brown	150	175	
sand brown	175	190	
cemented gravel gray	190	205	85

Date started 11/30/92 Completed 12/9/92

(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 663
 Signed Rodney C. Ehl Date 12/10/92

For Official Use Only by The Oregon Water Resources Department:

Received Date:

6-9-05

Well Log Number:

Mult3282

Well Identification Tag #:

L-78764

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): _____

RECEIVED

JUN 09 2005

**WATER RESOURCES DEPT
SALEM OREGON**

WELL LOCATION INFORMATION:

Township #: 1N Range #: 6E Section #: 3 Tax Lot #: 200 County: Multnomah

Street Address & City of Well:

Ainsworth State Park, Historic Columbia River Highway West, Dodson, Oregon

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

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.): _____

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!**