

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

YamH 2752

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FEB 17 1993

5s/3w/33bc

Original Well # *786* Or State Hwy Div. *SALEM, OREGON* (START CARD) # *49493*

(1) OWNER: Well Number *1356*
 Name *OREGON STATE Parks*
 Address *90 Champagne State Park 8239 Champagne Rd NE*
 City *St. Paul* State *OR* Zip *97137*

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon
Repair Seal

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other *Park*

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>6"</i>	<i>0</i>	<i>70</i>	<i>Cement</i>	<i>18</i>	<i>70</i>	<i>23 sacks</i>
			<i>Bentonite</i>	<i>0</i>	<i>18</i>	<i>7 sacks</i>

How was seal placed: Method A B C D E
 Other *Bentonite, Poured/Tamped*
 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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(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
			<i>1 hr.</i>

Temperature of Water _____ 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 *YamHILL* Latitude _____ Longitude _____
 Township *5* N or S Range *3* E or W WM.
 Section *33* SW $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) *22800 Wallace Rd NW*
Salem, Mult-Williamson State Park

(10) STATIC WATER LEVEL:
N/A ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found *N/A*

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<i>Well originally constructed</i>	<i>May</i>	<i>1982</i>	
<i>Side drilled the casing to 70'</i>			
<i>Cement slurry pumped w/ Tremie pipe. Topped off w/ granular Bentonite</i>			
<i>Top Soil</i>	<i>0</i>	<i>2</i>	
<i>Brown Clay Firm</i>	<i>2</i>	<i>50</i>	
<i>Some Black Sand</i>	<i>50</i>	<i>55</i>	
<i>Sticky Blue Clay</i>	<i>55</i>	<i>70</i>	

Date started *2-15-93* Completed *2-15-93*

(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 *1438*
 Signed *David L. Payne* Date *2-15-93*

For Official Use Only by The Oregon Water Resources Department:

RECEIVED

Received Date:

Well Log Number:

Well Identification Tag #:

JUL 22 2005

Yamh 2752
Yamh 6791

L-79387

APPLICATION FOR A WELL IDENTIFICATION TAG

WATER RESOURCES DEPT
SALEM, OREGON

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):

WELL LOCATION INFORMATION:

Township #: 5S Range #: 3W Section #: 33 Tax Lot #: 600 County: Yamhill

Street Address & City of Well:

Maude Williamson State Park, Highway 221, ~~Amity~~ HOPEWELL, 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!**