

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

Amended Mari
55810

WELL ID # L 46755
(START CARD) # 139866

(1) OWNER:

Name **Jeff Zeeb**
Address **3701 Vitas Springs Road, S**
City **Salem** State **OR** Zip **97306**

MARI 55810

WELL by legal description:

Section **18** or S. Range **3NW** Latitude **1/4** Longitude **1/4**
Tax lot **200** Lot **NE** Block **14** Subdivision
Street Address of Well (or nearest address) **Same.**

(2) TYPE OF WORK:

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well **230** ft.
Explosives used Yes No Type Amount

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	feet	or pounds
12	0 50	Hole plug	0 50	30	sks
12	50 100	Cement w/8%	50		
8	100 230	bentonite	100	14	sks

How was seal placed: Method A B C D E
 Other Poured & probed.
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8	+1	100	.230	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Liner:	8	15	230	160		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Final location of shoe(s) **100'**

(7) PERFORATIONS/SCREENS:

X Perforations		Method		Material		SDR 220	
From	To	Slot size	Number	Diameter	Telepipe size	Casing	Liner
130	170	1/8	40	7			<input checked="" type="checkbox"/>
170	230	1/8	120	7			<input checked="" type="checkbox"/>

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

Pump	Basin	X Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
200+		225	1 hr.

Temperature of Water **57** Depth Artesian Flow found
Was a water analysis done? Yes No By whom
Did any strata contain water not available for intended use? Too little
Salty Muddy Odor Colored Other
Depth of strata

(10) STATIC WATER LEVEL:

81 ft. below land surface. Date **6/22/2001**
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found **103**

From	To	Estimated Flow Rate	SWL
103	120	8	81
120	140	20+	81
140	180	150+	81
180	180	200+	81

(12) WELL LOG:

Material	From	To	SWL
Clay redish brown firm.	0	17	
Clay gray & sticky.	17	25	
Clay brown silty.	25	55	
Basalt brown weathered broken	55	68	
Basalt dark gray firm	68	103	
Basalt gray & brown, broken & vesicular fractured seams.	103	228	81
Claystone brown soft.	228	230	

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WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

Date started **6/21/2001**

Completed **6/22/2001**

(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 water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number **1725**
Signed *Joseph L. Reynolds* Date **6/26/2001**
Mack Drilling Company, Inc.

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number **1394**
Signed *Joseph L. Reynolds* Date **6/26/2001**
Mack Drilling Company, Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

1011568

MARI 55810
MARI 55810

WELL ID # L 46755
(START CARD) # 139956

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

(1) OWNER: Well Number: 46755
Name **Jeff Zeeb**
Address **3701 Vitae Springs Road, S**
City **Salem** State **OR** Zip **97306**

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **230** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	50	Hole plug	0	50	30 sks	
10	50	100	Cement w/5%	50			
8	100	230	bentonite		100	14 sks	

How was seal placed: Method A B C D E
 Other **Poured & probed.**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+1	100	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Liner:	6	15	230	160		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Final location of shoe(s) **100'**

(7) PERFORATIONS/SCREENS:

Screens		Method		Material		SDR 220	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
130	170	1/8	40	7			<input checked="" type="checkbox"/>
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(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailor Air Flowing Artesian

Yield gal/min **200+** Drawdown _____ Drill stem at **225** Time **1 hr.**

Temperature of Water **57** Depth Artesian Flow found _____
 Was a water analysis done? Yes No 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 **Marion** Latitude _____ Longitude _____
 Township **8/S** N or S. Range **3/W** E or W. of WM. _____
 Section **18** NE 1/4 **NW** 1/4
 Tax lot **200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Same.**

(10) STATIC WATER LEVEL:
81 ft. below land surface. Date **6/22/2001**
 Artesian Pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **103**

From	To	Estimated Flow Rate	SWL
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120	140	20+	81
140	160	150+	81
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SALEM, OREGON

Date started **6/21/2001** Completed **6/22/2001**

(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 water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed *W. L. Reynolds* WWC Number **1725**
 Date **6/26/2001**
Mack Drilling Company, Inc.

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 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed *W. L. Reynolds* WWC Number **1394**
 Date **6/26/2001**
Mack Drilling Company, Inc.

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OBSERVATION WELL

STATE ENGINEER
Salem, Oregon

STATE WELL NO. B/3W-18-1
COUNTY Marion
APPLICATION NO. GR-1455

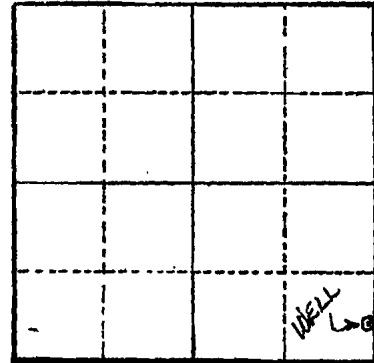
M121 12/18
Well Record
GR- 1404

OWNER: Adrian A. & Pearl E. Withers MAILING ADDRESS: Rt. 1, Box 868

LOCATION OF WELL: Owner's No. _____ CITY AND STATE: Salem, Oregon

SE 1/4 SE 1/4 Sec. 18 T. 8 XY S., R. 3 EX W., W.M.

Bearing and distance from section or subdivision corner 580' N. & 100' W. from SE cor. Sec. 18



Section 18

Altitude at well 200' 575'

TYPE OF WELL: Drilled Date Constructed 1954

Depth drilled 74' Depth cased 74'

CASING RECORD:
8"

FINISH:
Perforated: 2/ft. (1/2" x 6") from 20' to 64'

AQUIFERS:

WATER LEVEL:
10'

PUMPING EQUIPMENT: Type Berkeley turbine H.P. 10
Capacity 150 G.P.M.

WELL TESTS:
Drawdown 30 ft. after _____ hours 160 G.P.M.
Drawdown 45 ft. after _____ hours 180 G.P.M.

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

SOURCE OF INFORMATION GR Record

DRILLER or DIGGER _____

ADDITIONAL DATA:
Log _____ Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:
Log: Clay 0 to 20'
Gravel dked rock? 20' to 60'
Solid rock 60' to 74'

Irrigation of 37.91 acres.

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