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 MARI 16355
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 73/2W-31dc

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

WATER RESOURCES DEPT.

(1) OWNER: Owner's Well Number: SALEM, OREGON
 Name Suburban East Salem Water District
 Address 115 Lancaster Drive N.E.
 City Salem State Or. Zip 97301

LOCATION OF WELL by legal description:

County Marion Latitude _____ Longitude _____
 Township 7S N or S, Range 2W E or W, WM.
 Section 31 SW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 250' N.E.
 of Chevron Station @ Lancaster & Hwy 22

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

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

(10) STATIC WATER LEVEL:

36.10 ft. below land surface. Date 11-14-86
 Artesian pressure NA lb. per square inch. Date NA

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

(11) WELL LOG: Ground elevation NA

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 205 ft.
 Special Standards date of approval NA

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	30	cmt	0	30	25 sacks

Material	From	To	WB?	SWL
Soil med brwn	0	2		
Clay med brwn	2	5		
Clay sandy brn	5	25		
Hard pan brn-gry	25	28.5		
Cemnted gravel brn	28.5	48		
Sand&gravel loose brn	48	51		
Conglrm med gry-brn	51	63		
Clay brn, some grvl	63	72		
Sand, gravel, cmted	72	105	H2O	
Gravel loose large	105	121	H2O	
Conglrm med brn	121	127		
Gravel loose brn	127	141	H2O	
Conglrm med brn-gry	141	159		
Gravel large brn-gry	159	167.5	H2O	
Sand, gravel, brn	167.5	178	H2O	
Cemented gravel gry	178	182		
Sand, gravel, brn	182	204	H2O	
Basalt hard blk	204	205		

How was seal placed? Method A B C D E
 Other _____
 Backfill placed from NA ft. to _____ ft. Material NA
 Gravel placed from NA ft. to _____ ft. Size of gravel NA

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel Plastic Welded Threaded			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing: 12	+2	108	312	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date started 10-17-86 Completed 11-14-86

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type 304 S.S. Material S.S.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
109	121	60		10	P	<input type="checkbox"/>	<input type="checkbox"/>
127	141	60		10	P	<input type="checkbox"/>	<input type="checkbox"/>
159	178	60		10	P	<input type="checkbox"/>	<input type="checkbox"/>
182	188	40		10	P	<input type="checkbox"/>	<input type="checkbox"/>
188	200	60		10	P	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min Pumping level Drill stem at Time
 600 99.6" 1.5
 550 132' 22.5

Temperature of water NA Depth Artesian Flow Found NA
 Was a water analysis done? Yes By whom NO
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NA
 Depth of strata: _____

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Byron Stadeli Date 11-14-86

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed *Chad Stadel* Date 11-18-86
 Company Staco Well Services Co. Job No. _____

MARI 16355
For Official Use Only:

Received Date: _____ County Well Log ID # MARI 16355 Well Identification Tag # 37896

WELL IDENTIFICATION APPLICATION FORM

Michael J. Kurtz, Manager

BUYER/CURRENT WELL OWNER:

RECEIVED

DEC 14 1999

Name: Suburban East Salem Water District USER ID 12466

Mailing Address: 3805 LaBranch Street SE

WATER RESOURCES DEPT.
SALEM, OREGON

City: Salem State: Oregon Zip: 97301 Phone: (503) 364-1620

WELL LOCATION:

MARI 16355

County: Marion Owner's Well Number: Well 1

Township: 7 N or (S) Range: 2 E or (W) Section: 31 NW 1/4 SE 1/4

Tax Lot Number: 9700 Type of Well: water supply Domestic monitoring _____

Street Address of Well (if different from above): 4000 Block of Ricky St SE Salem, OR
ORS 264

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

WELL LOG ATTACHED

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

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

Diameter of Exposed Well Casing (in inches): _____

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

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

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310