

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

MAR 17 1995  
 MAR 11 1991

TS/2w/30 CC

(START CARD) # 25603

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name Suburban East Salem Water District  
 Address 3805 LaBranch St. SE  
 City Salem State OR Zip 97301

**(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 Municipal

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval Yes  No  Depth of Completed Well 187 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	30	Cement	0	30	60
12	30	187				

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:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	12"	+1	70	.375	<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) 180

**(7) PERFORATIONS/SCREENS:**

Perforations Method Telescope  
 Screens Type Houston Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	75	Blank	& K	Packer	10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
75	85	80			10"	<input type="checkbox"/>	<input type="checkbox"/>
85	103	Blank				<input checked="" type="checkbox"/>	<input type="checkbox"/>
103	108	40				<input type="checkbox"/>	<input type="checkbox"/>
108	135	Blank			10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
135	150	80				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drillstem at	Time
			1 hr.

Temperature of water 55 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 Marion Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 7S N or S. Range 2W E or W, WM.  
 Section 30 SW 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME

**(10) STATIC WATER LEVEL:**  
30 ft. below land surface. Date 1-30-91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
75	80	50	30
103	108	50	30
135	150	50	30
165	175	50	30

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Clay brown	0	18	
Clay grey	18	27	
Gravels clay grey	27	47	
Gravels cemented	47	52	
Gravels course sand brown	52	56	47'
clay brown	56	61	
Gravels cemented brown	61	63	
Clay brown	63	76	
Gravels	76	86	30'
Gravels tight cemented brown	86	104	
Gravels loose med. small	104	109	30'
Clay brown	109	112	
Cemented gravels course brown	112	135	30'
Gravels tight clean	135	140	30'
Gravels cemented brown	140	150	
Gravels tight	150	153	30'
Sand dry packed cemented	153	156	
Gravels course tight	156	181	30'
Basalt	181	187	

Date started 12-27-90 Completed 2-8-91

**(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.  
 Signed Thom R. Ray WWC Number 758  
 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.  
 Signed [Signature] WWC Number 723  
 Date \_\_\_\_\_

#10

MARI 17195

MARI 17195 MAR 11 1991

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

WATER RESOURCES DEPARTMENT (START CARD) #

(1) OWNER: Well Number: Name Suburban East Salem Water District Address Continuation from last page City State Zip

(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 ft. Explosives used [ ] [ ] Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour [ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem at Time

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 Latitude Longitude Township N or S. Range E or W. WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

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

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Table with columns: Material, From, To, SWL

Date started Completed

(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. Signed WWC Number 758 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. Signed WWC Number 723 Date

**MARI 17195**  
**For Official Use Only:**

Received Date: \_\_\_\_\_ County Well Log ID # MARI 17195 Well Identification Tag # 37892

**WELL IDENTIFICATION APPLICATION FORM**

Michael J. Kurtz, Manager

**RECEIVED**

**BUYER/CURRENT WELL OWNER:**

Name: Suburban East Salem Water District USER ID 12466

DEC 14 1999

Mailing Address: 3805 LaBranch Street SE

WATER RESOURCES DEPT.  
SALEM, OREGON

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

**WELL LOCATION:**

MARI 17195

County: Marion Owner's Well Number: Well 3(A)

Township: 7 N or (S) Range: 2 E or (W) Section: 30 SW 1/4 SW 1/4

Tax Lot Number: 5200 Type of Well: water supply Domestic monitoring \_\_\_\_\_  
ORS 264

Street Address of Well (if different from above): SAME AS ABOVE

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

Start Card Number: \_\_\_\_\_ WELL LOG ATTACHED  
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**