

MAY 11 1992

MAR 17825

605/2w/86c

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

WATER RESOURCES DEPT.  
SALEM, OREGON

(START CARD) # 40251

## (1) OWNER:

Well Number: 2990

Name GARY HOLLIN

Address 3815 Quinaby N.E.

City Keizer, Oregon

State 97303

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 160 ft.Explosives used Yes No ☐ ☒ Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	19	Dry Bentonite	0	19	1250 lbs.
10	0	160				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other As Per 690-210-340

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

## (6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+1 1/2	160	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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 sheets: 160'

## (7) PERFORATIONS/SCREENS: (5/16" X 1 1/4")

☒ Perforations Method Holte Air Perforator

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
125	160		1575			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<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
750+		160	1 hr.

Temperature of water 53° Depth Artesian Flow Found

Was a water analysis done? ☐ Yes By whomDid 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 6S N or S. Range 2W E or W. WM.

Section 8 SW 1/4 NW 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address)

South End of 45th Ave N.E.

## (10) STATIC WATER LEVEL:

11 ft. below land surface.

Date 5/1/92

Artesian pressure lb. per square inch. Date

## (11) WATER BEARING ZONES:

Depth at which water was first found		78	
From	To	Estimated Flow Rate	SWL
78	160	1000+	11

## (12) WELL LOG:

Ground elevation

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	34	
Gray Clay	34	78	
Black Sand and Clay	78	96	
Brown Sand and Gravel	96	105	
Blue Clay	105	116	
Black Sand and Gravel	116	131	
Brown Sand and Gravel	131	160	

Date started 4/27/92

Completed 5/1/92

## (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.

Signed Mark D. Bein

WWC Number 753

Date 5/8/92

## (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. WILLAMETTE DRILLING CO. INC. WWC Number 753

Signed Mark D. Bein

Date 5/8/92



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.oregon.gov/owrd

# Application for Well ID Number

Received by OWRD

JUL 15 2025

Salem, OR

**Do not complete if the well already has a Well Identification Number.**

## I. OWNER INFORMATION

Current Owner Name (please print): McKay Land Co LLC  
Mailing Address: 5057 Brooklake Road NE  
City, State, Zip: Salem, Oregon 97305  
Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)  
Name & Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 6 S (North / South) Range: 2 W (East / West) Section: 8 SW 1/4 of the NW 1/4  
Tax Lot (usually last 3-5 numbers of Tax Map #): 1100 County MARION  
GPS Coordinates: 45.065297 -122.967809 (Google Earth)  
Street Address of Well, City: No site address (no dwelling) South end of 10000 block of 45th Avenue NE, Salem  
If the property had a different street address in the past: Unknown

## III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION  
Date Well Constructed (or property built): 05-08-1992 Total Well Depth: 160' Casing Diameter: 10"  
Owner at time the well was constructed (if known): GARY HOLLIN Well Report # (if known): MARI 17825  
Other Information: \_\_\_\_\_

SUBMITTED BY (please print): MICHELLE MCKAY  
PHONE: 503.393.0129 EMAIL &/or FAX: michellemckay\_mmf@yahoo.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.  
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-15-2025

Well Report Number:

MARI 17825

Well Identification #:

L-158423