

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

**RECEIVED** 7/2w/30 cc  
 MARI 18255 MARI 18255 Page #1 of 2  
 DEC 16 1992 (START CARD) # 45894

(1) **OWNER:**  
 Name Suburban East Salem Water District  
 Address 3805 Labranch St.  
 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 295 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16	0	40	Cement	1.5	40	149 sacks +
12	178	205	Cement	178	205	bentonite
10	40	300				12 sacks of cement

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from 297 ft. to 304 ft. Material P-gravel  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					Yes	No	Yes	No	Yes	No	Yes	No
Casing	10"	+1	205	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) 205

(7) **PERFORATIONS/SCREENS:**

Perforations Method none  
 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"/>
						<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
20			24 hrs

Temperature of water 60 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 7-S N or S. Range 2-W 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 as #1

(10) **STATIC WATER LEVEL:**  
16.10 ft. below land surface. Date 11/25/92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	178		25
188	332	20	16.5

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

Material	From	To	SWL
land fill - crushed gravel	0	1	
gray clay	1	18	
dense blue clay	18	21	
blue gray	21	30	
small to medium gravel = clay	30	42	20
sandy clay - brown	42	43	
gravel with brown clay	43	106	25
brown sandy clay	106	75	
gravel with brown clay	75	85	25
gravel with clay binder	85	93	
large broken gravel with brown clay	93	98	27
large broken gravel with brown clay - formation tight	98	104	
gravel with brown clay	104	123	25
gravel + sand with less clay binder	123	129	27
small to large gravel with heavy brown clay binder	129	141	27
gravel with sand less clay binder	141	178	25

(continued next page)

Date started 9/22/92 Completed 11/25/92

(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 Floyd Supp WWC Number 1273  
 Date 12-2-97

(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 Floyd A Supp WWC Number 1273  
 Date 12/2/92

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

WATER RESOURCES DEPT. SALEM, OREGON (START CARD) # 45894

(1) OWNER: Well Number: 3-B Name: Suburban East Salem Water District Address: 3805 Labianch St. City: Salem State: OR Zip: 97301

(9) LOCATION OF WELL by legal description: County: Marion Latitude: Longitude: Township: 7 S N or S. Range: 2 W 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 as #1

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

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

(3) DRILL METHOD [ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Other

(11) WATER BEARING ZONES: Depth at which water was first found \_\_\_\_\_

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

Table with 4 columns: From, To, Estimated Flow Rate, SWL. Rows are empty.

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

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

Table with 6 columns: HOLE Diameter From To SEAL Material From To Amount sacks or pounds. Rows are empty.

WELL LOG table with 4 columns: Material, From, To, SWL. Contains handwritten entries: Gray basalt, decomposed rock, Gray basalt, decomposed rock with red clay, broken rock, Gray basalt, black basalt, broken brown basalt, gray basalt, black basalt with claystone layers, green claystone.

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 \_\_\_\_\_

Date started 9/22/92 Completed 11/25/92

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

(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 Floyd Sipp WWC Number 1273 Date 12/2/92

(7) PERFORATIONS/SCREENS: [ ] Perforations Method \_\_\_\_\_ [ ] Screens Type \_\_\_\_\_ Material \_\_\_\_\_

(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 Floyd Sipp WWC Number 1273 Date 12/2/92

Table with 8 columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Rows are empty.

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

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: \_\_\_\_\_

**MARI 18255**  
*For Official Use Only:*

Received Date: \_\_\_\_\_

County Well Log ID #

Well Identification Tag #

MARI 18255

37894

**WELL IDENTIFICATION APPLICATION FORM**

Michael J. Kurtz, Manager

**BUYER/CURRENT WELL OWNER:**

Name: Suburban East Salem Water District

USER ID 12466

**RECEIVED**  
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 18255

County: Marion

Owner's Well Number: Well 3B

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 \_\_\_\_\_

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