

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

MARI MARI 18478
 18478

88/2w/33
 7318

(START CARD) #

(1) **OWNER:** Name Don etzel Well Number: _____
 Address 88 8806 Marion Rd. SE
 City saalem State Oa 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 134 ft.
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
18"	0 20	cement sand	0 20	7 1/2 yds
12"	0 134			

How was seal placed: Method A B C D E
 Other Inertie
 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
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12"	0	127	250	<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) 127'

(7) **PERFORATIONS/SCREENS:**
 Perforations Method mills knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
47	59	3/8	288			<input type="checkbox"/>	<input type="checkbox"/>
59	82	3/8	276			<input type="checkbox"/>	<input type="checkbox"/>
82	91	3/8	216			<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 50 Drawdown 0 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: _____

(9) **LOCATION OF WELL by legal description:**
 County marion Latitude _____ Longitude _____
 Township 8S N or S, Range 2W (S) E or W, WM.
 Section 33 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL:** 2' ft. below land surface. Date 5/26/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:** Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
48	59		2'
82	91		2'

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
gravels silt	0	4	
clay gravels	4	42	
loose gravels	42	59	2'
cemented gravels with loose layers	59	82	
loose gravels sand brown clay brown	82	91	2'
clay brown	91	97	
clay and gravels	97	125	
clay brown	125	129	
claystone	129	138	

RECEIVED

DEC 30 1993

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 5-17-89 Completed 5-26-89

(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 _____
 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 758
 Date 5/27/89

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"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION WATER RESOURCES DEPT.
(as required by ORS 537.762) SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Donald J. [Signature]
8806 Marion Rd SE
Tanner, OR

Proposed Commencement Date 5-22-89

Proposed Well Depth 160', Diameter 12"
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

Proposed Well Location: County Marion
Township 8S (N or S) Range 2W (E or W) Section 33

At least 2 of these must be provided

- 1. NE 1/4 of SE 1/4 of above section
- 2. street address of well location 8806 Marion Rd SE
Tanner, OR 97352
- 3. tax lot number of well location _____
- 4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x [Signature]
Owner's Signature
Owner
Title
5-22-89
Date

x [Signature]
Bonded Water Well Constructor
License No. 758
Company Monders Drilling Inc

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.