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6S/1W/26ac

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

MARI 18771

NOV 23 1993 Page 1 of 2

(START CARD) 58114

(1) OWNER: Name Chris Deckelman Address 6685 Meridian Rd NE City Silverton State OR Zip 97381

WATER RESOURCES DEPARTMENT SALEM, OREGON

(9) LOCATION OF WELL by legal description: County Marion Latitude Longitude Township 6 S N or S. Range 1 W E or W. WM. Section 26 SW NE Tax Lot 00300 Lot Block Subdivision Street Address of Well (or nearest address) Same as mailing

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 303 ft. Explosives used [] [X] Type Amount

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Includes rows for Cement grout and Under reamed 6".

How was seal placed: Method [] A [] B [X] C [] D [] E 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. Includes rows for Casing and Liner.

Final location of sheets

(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 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

(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. Includes rows for 43-47 and 117-121.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Includes entries like Top soil, Clay brown, Brown silty clay, Loose gravel, Cemented gravel, Brown clay, Sticky red clay, Red sandy clay, Cemented gravel with seams, some water, Hard sandstone, Hard basalt.

Date started 11/08/93 Completed moved 11/17/93

(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. Signed Donald V. Johnson WWC Number 1310 Date 11/22/93

(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. Signed John R. Smith WWC Number 1483 Date 11-22-93

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(START CARD) # 58114

(1) OWNER:

Name Chris Deckelman Well Number WATER RESOURCES DEPT. SALEM, OREGON
 Address 6685 Meridian Rd NE
 City Silverton State OR Zip 97381

(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 303 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
Original			Original			Original
6"	136	303	-----	--	--	-----

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: Orig.	+1.5	136	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2" PVC	-8.5	303	sdr 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Skilsaw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
143	283	1/8x6	420	---	4 1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
120	N/A	300	1 hr.

Temperature of Water 57 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 6 S N or S. Range 1 W E or W. WM. _____
 Section 26 SW 1/4 NE 1/4
 Tax Lot 00300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as mailing

(10) STATIC WATER LEVEL:

102 ft. below land surface. Date 11/18/93

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 142

From	To	Estimated Flow Rate	SWL
142	150	15 GPM	102
150	158	15 GPM	102
202	206	30 GPM	102
235	270	60 GPM	102

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Basalt hard gray	136	142	
Basalt medium pourous black	142	150	102
Sandstone medium course gray	150	158	102
Sandstone hard gray	158	176	
Sandstone medium fractured course black	176	185	
Clay soft gray	185	188	
Clay soft yellowish green	188	191	
Claystone red broken green	191	196	
Basalt medium black	196	202	
Claystone fractured light gray	202	206	102
Basalt hard dark gray	206	210	
Basalt hard fractured gray	210	224	
Sandstone hard fine gray	224	235	
Sandstone hard fractured fine gray	235	250	102
Basalt medium pourous brown with little yellow claystone	250	253	102
Basalt medium pourous brown and gray	253	270	102
Basalt hard gray	270	303	

Date started 11/17/93 Completed 11/18/93

(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 Steve Vilhvard WWC Number 1530
 Date 11/22/93

(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 1483
 Date 11-22-93



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

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

MAR 25 2026

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Chris and Sharon Deckelmann

Mailing Address: PO Box 1027

City, State, Zip: Silverton, OR 97381

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: 6S (North / South) Range: 1W (East / West) Section: 26 SW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 300 County Marion

GPS Coordinates: 45.02341°N, -122.76771°W

Street Address of Well, City: 6685 Meridian Rd NE, Silverton, OR 97381

If the property had a different street address in the past: _____

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): domestic

Date Well Constructed (or property built): 1993 Total Well Depth: 303' Casing Diameter: 6"

Owner at time the well was constructed (if known): Chris Deckelmann Well Report # (if known): MARI 18771

Other Information: Start Card # 58114

SUBMITTED BY (please print): Sarah Schwab

PHONE: 503-508-6028 EMAIL &/or FAX: sarah.schwab@oda.oregon.gov

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:

3-25-2026

Well Report Number:

MARI 18771

Well Identification #:

L-161724