

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

RECEIVED
 MARI MARI 19624
 19624
 APR - 7 1995

8s/3w/10dc

WATER RESOURCES DEPT (START CARD) # 59854

(1) OWNER: Well Number ASR#1
 Name City of Salem
 Address 555 Liberty 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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 315 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		To	Material	SEAL From		To	Amount sacks or pounds
	From	To			From	To		
18"	0	30	30	cement	0	30		
16"	30	280	280	cement	30	280	157	
12"	280	332	332	--	--	---	---	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 12	+1	280	.25	<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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000	5'	262	1 hr.

Temperature of Water 54 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 8 S N or S. Range 3 W E or W. WM. _____
 Section 10 SW ¼ SE ¼ _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Woodmansee park; off Sunnyside Rd

(10) STATIC WATER LEVEL:
197 ft. below land surface. Date 3/27/95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	80	30 GPM	30'
285	330	800 GPM	197

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
brown silty clay	0	45	
soft yellow/brn basalt	45	50	
soft brn silty clay	50	60	
soft brn basalt	60	80	
med hard blk/gray basalt	80	130	
hard black basalt	130	255	
w/some fractures			
fractured basalt	255	270	
hard black basalt	270	284	
brkn blk visicular basalt	284	310	
hard brkn black basalt	310	325	
hard visicular basalt	325	331	
silt stone	331	332	
bottom 15' of well was filled in after removing drill pipe			

Date started 3-14-95 Completed 3-29-95

(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 Dylan B. Stadel WWC Number 1358
 Date 4-6-95

(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 Dylan B. Stadel WWC Number 1358
 Date 4-6-95



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED BY OWRD

SEP 27 2012

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

SALEM, OR

I. OWNER INFORMATION

Current Owner Name (please print): City of Salem
Mailing Address: 555 Liberty Street SE
City: Salem State: Oregon Zip: 97301
Mailing Address (to send Well I.D.): Lacey Goeres, City of Salem Public Works Dept, 1410 20th Street SE, Bldg 2
City: Salem State: Oregon Zip: 97302

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

City of Salem well ASR 1

Township: 8 South (North/South) Range: 3 West (East/West) Section: 10
Tax Lot: 083W10DB02300 County: Marion NW 1/4 SE 1/4
Street Address of Well: Woodmansee Park, 4629 Sunnyside Road SE City: Salem
Owner at time the well was constructed, (if known): City of Salem
If the property had a different street address in the past: N/A

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

MARI 19624

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY (please print): Lacey Goeres
PHONE: 503-361-2224 FAX: 503-588-6480

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: 9.27.12 Well Log Number: MARI 19624 Well Identification #: L82685