

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

MARI... 26/14

(START CARD) # 8653

5S/2W/23dd

(1) OWNER: Well Number: 2814
Name **Pinecrest Properties**
Address **1115 Madison Street NE Box 125**
City **Salem** State **OR** Zip **97303**

(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 **152** 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	
8	0	152				

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:	8"	+3	152	.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) **152**

(7) PERFORATIONS/SCREENS:
☒ Perforations Method **XXXXXX Mills Knife**
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	151	3/8"	192			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2"				<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
500+ **152** **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 **5S** N or S, Range **2W** E or W, WM.
Section **23** **SE** 1/4 **SE** 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **about the 13700 block of Butteville Road**

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date **6-19-89**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **71**

From	To	Estimated Flow Rate	SWL
71	97	50	
115	151	500+ gpm	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown clay	2	21	
Gray clay	21	57	
Gray clay & black sand	57	71	
Muddy black sand	71	97	
Gray clay, sticky	97	112	
Soft Brown Clay	112	115	
Brown Sand	115	124	
Black Sand	124	127	
Black Sandy Gravel	127	131	
Black Sand and Gravel	131	151	
Gray Clay	151	152	

RECEIVED JUN 29 1989
WATER RESOURCES DEPT.
HEM. OREGON

Date started **6/19/89** Completed **6/19/89**

(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 **Mark R Beis** WWC Number **753**
Date **6/19/89**

(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 **Mark R Beis** WWC Number **753**
Date **6/19/89**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 736-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

JUL 7 2025

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

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): DAVID & Nancy McKinnon
Mailing Address: 13835 Butteville Rd NE
City, State, Zip: GERVAIS OR 97026
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: 55 (North / South) Range: 2 (East / West) Section: 23 SW 1/4 of the SE 1/4
Tax lot (usually last 3-5 numbers of Tax Map #): 2300 County MARION
GPS Coordinates: 45.117006 -122.898418 per WR final proof map
Street Address of Well, City: South of 13835 Butteville Rd
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): NURSERY USE (IRRIGATION & AG-USE)
Date Well Constructed (or property built): 6/14/89 Total Well Depth: 152 FT Casing Diameter: _____
Owner at time the well was constructed (if known): PINECREST PROPERTIES Well Report # (if known): MARI 2614
Other Information: Water Right Permit G 18948

SUBMITTED BY (please print): David & Nancy McKinnon
PHONE: 503 792 3170 (landline) EMAIL &/or FAX: mckinnon@gervais.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) 736-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-7-2025

Well Report Number:

MARI 2614

Well Identification #:

L-158421