

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

Mari 50075
MARI 50075

NOV 30 1996
SALEM, OREGON
WATER RESOURCES DEPARTMENT
JAN 16 1996

(START CARD) # 82066

RECEIVED

(1) OWNER: City of Salem
Name: City of Salem
Address: 555 Liberty St SE
City: Salem State: OR Zip: 97302
Well Number: ASR#2

(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: 330 ft.
Explosives used Yes No Type: Amount:

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
20	0 280	Cement	0 280	300 bags
15	280 330			

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: 16	12	280	375	<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: N/A

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"/>
						<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
1,000	N/A		1 hr.
2,000	12	280	4 step

Temperature of Water: 51.0 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: 3W E or W, WM.
Section: 10 SW 1/4 SE 1/4
Tax Lot: unknown Block: Subdivision: _____
Street Address of Well (or nearest address): Woodmansee Park off Sunnyside Rd.

(10) STATIC WATER LEVEL:
195 ft. below land surface. Date: 1/4/96
Artesian pressure: _____ lb. per square inch. Date: _____

(11) WATER BEARING ZONES:
Depth at which water was first found: 20

From	To	Estimated Flow Rate	SWL
285	330	1000+	

(12) WELL LOG:
Ground elevation: _____

Material	From	To	SWL
Soil	0	1	
Clay Red	1	9	
Decomposed basalt yellow	9	78	
Basalt gray very w/tra	78	140	
Basalt gray harder	140	235	
Basalt gray very hard	235	270	
Basalt gray hard	270	285	
Basalt frac s. porous	285	318	
Basalt gray harder	318	325	
Basalt porous	325	330	

Date started: 12/14/95 Completed: 1/4/96

(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: *[Signature]* WWC Number: 1358
Date: 1/12/96

(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: 223
Date: 1/12/96



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.

I. OWNER INFORMATION

SALEM, OR

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 2

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 50075

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 50075 Well Identification #: L 82688