

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

MARI  
 51883

WELL I.D.# 02286

(START CARD) # 92615

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 3177  
 Name Pilot Truck Stop c/o Stettler Supply Co.  
 Address 1810 Lana Avenue NE  
 City Salem State OR Zip 97303

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 180 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	50	dry bent.	0	50	33 sacks
8"	50	180				

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	180	.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) 180

(7) PERFORATIONS/SCREENS:

Perforations Method Holte Air Perforator  
 Screens Type 1/4" x 2" Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
126	134		300			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
250+		140	2 hr./hr.

Temperature of water 53° 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 6S N or S Range 2W E or W. WM.  
 Section 18 SE 1/4 SE 1/4  
 Tax Lot 00500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 4220 Brooklake Road NE

(10) STATIC WATER LEVEL:  
37 ft. below land surface. Date 7/17/96  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 87

From	To	Estimated Flow Rate	SWL
87	134	250+	37

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	2	
Brown silty clay	2	34	
Blue clay	34	76	
Black sandy clay	76	87	
Black sandy gravel	87	117	
Brown sand and gravel	117	134	
Blue clay	134	157	
Black muddy sand	157	166	
Blue clay	166	180	37

**RECEIVED**

JUN 11 1997

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 7/14/96 Completed 7/17/96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 Signed Mark D. Bein WWC Number 753 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
 WILLAMETTE DRILLING CO., INC. WWC Number 753  
 Signed Mark D. Bein Date \_\_\_\_\_