

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

*MADE
51902*

WELL I.D.# L07325

(START CARD) # 92629

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

(1) OWNER: Well Number 3211
 Name UNITARTAN UNIVERSALIST CONGRAGATION

Address 490 19th Street N.E.
 City Salem, Oregon 97301 Zip _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Bentonite	0	19	450 lbs.
6	19	80'				

How was seal placed: Method A B C D E
 Other As Per 690-210, 34=0
 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: 6"	+1	80	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 80'

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
75+		79	1 hr.

Temperature of water 53°F 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 7S N or S Range 2W E or W. WM. _____
 Section 29 NW 1/4 NE 1/4
 Tax Lot 01900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
5090 Center Street N.E.

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 6/2/97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 34

From	To	Estimated Flow Rate	SWL
34	80	100+	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Sticky Clay	2	34	
Brown Sand and Gravel	34	42	
Brown Gravelly Clay	42	49	
Gray Gravelly Clay	49	58	
Cemented Brown Sand and Gravel	58	67	
Brown Sand and Gravel	67	80	

RECEIVED

JUN 12 1997

**WATER RESOURCES DEPT.
 SALEM, OREGON**

Date started 6/2/97 Completed 6/2/97
 (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. Beier WWC Number 753 Date 6/2/97

(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. Beier Date 6/2/97