

MARI 553

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

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MAR 21 1988

553
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45/1W-17
Record

(1) OWNER: City of Donald
Name City of Donald
Address City Hall
City Donald State Ore. Zip 97020

(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 municipal

BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 188 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount sacks or pounds
meter	From	To	Material	From	To	

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:					<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	8"	164'	1745'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6"	185'	188'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

PERFORATIONS/SCREENS:

☐ Perforations Method _____
☒ Screens Type V-slot Material 304 SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
5'	185'	50			Tele.	<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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time	
250	44'		1 hr.	
			5 hrs.	

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 45 N or S, Range 1W E or W, WM.
Section 17 _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10945 Ehlen St.
Donald, Ore.

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 2-3-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
175'	185'	250 GPM	40'

(12) WELL LOG:

Material	From	To	SWL
- EXISTING WELL: 12" diameter - 190' depth			
- PROBLEM: Decrease in yield			
- UNUSUAL CIRCUMSTANCES: 8" P.V.C. liner with a 6" P.V.C. screen were in the well with #8 aquarium sand around the screen to block fine sand entrance. Records of placement of these materials were not made so not available. The scope of the project consisted of chemical & mechanical rehabilitation of the 12" perforated casing, no alteration expected.			
- SOLUTION: After removing all P.V.C. & execution of development process, a column of steel pipe - screen was set into 12". This column consisted of 10 1/2'-8" x .250" pipe, 10.5' of 8" telescope size SS screen slot, 3'-6" x .250" pipe on bottom w/a plate & bail on the bottom. Number 6 aquarium sand was put around screen for sand filtration.			
Date started October 8, 1987 Completed FEB. 6, 1988			

(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 _____ WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Michael Waldoop WWC Number 633
Date Mar. 21, 1988



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

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OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): City of Donald

Mailing Address: 10710 Main St NE / PO BOX 388

City, State, Zip: Donald, OR 97013

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: 4 S (North / South) Range: 1 W (East / West) Section: 17 1/4 of the _____ 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1800 County Marion

GPS Coordinates: _____

Street Address of Well, City: 10983 Rees St, Donald, OR 97020

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): Municipal

Date Well Constructed (or property built): 9/1/1980 Total Well Depth: 190' Casing Diameter: 12"

Owner at time the well was constructed (if known): City of Donald Well Report # (if known): MARI 563

Other Information: Alteration Well Report MARI 553

"well #2"
permit 69513

SUBMITTED BY (please print): Alonso Limones, Public Works Director

PHONE: 971-715-8573

EMAIL &/or FAX: publicworks@donaldoregon.gov

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

4-26-21

Well Report Number:

MARI 563 orig
MARI 553 alt

Well Identification #:

L142431