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

DEC - 1 1987

MARI 5800

65/1E-28cb  
MARI 5800

(1) OWNER:

Name BILL FESSLER  
Address 2267 OREGON CT.  
City WOODBURN State OR Zip 97071

WATER RESOURCES DEPT.  
SALEM, OREGON

(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 85 ft.

Yes No

Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL		Amount sacks or pounds
Diameter	From	To	Material	From To	
10	0	31			12
8	31	38			3
6	38	85			

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:	6	1.5	38.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method NO  
 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
32	26		1 hr.

Temperature of water 56 Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes  No By whom DRILLER

Did any strata contain water not suitable for intended use?  Too little  Salty  Muddy  Odor  Colored  Other \_\_\_\_\_ NO

Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County MARION Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6S N or S, Range 1E E or W, WM.  
Section 28 NW  $\frac{1}{4}$  SW  $\frac{1}{4}$   
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 17207 N. ABIQUA RD.  
SILVERTON, OR

(10) STATIC WATER LEVEL:

37 ft. below land surface. Date 11-25-87  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 67

From	To	Estimated Flow Rate	SWL
67	85	32	37

(12) WELL LOG:

Ground elevation N/A

Material	From	To	SWL
TOPSOIL & LOOSE BOULDERS	1	3	
BOULDERS & COBBLE STONE	3	9	
CLAYSTONE BLUE GREY	9	47	
SANDSTONE GREEN	47	85	37

Date started 11-20-87 Completed 11-25-87

(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.

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ 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.

WWC Number 688  
Signed Steven M. Stadeli Date 11-29-87



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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SEPT 5 2023

OWRD

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

**I. OWNER INFORMATION**

Current Owner Name (please print): Peter and Donna Paradis  
 Mailing Address: PO Box 1373  
 City, State, Zip: Silverton, OR 97381  
 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: 6 S (North / South) Range: 1 E (East / West) Section: 28 NW 1/4 of the SW 1/4  
 Tax Lot (usually last 3-5 numbers of Tax Map #): 800 County Marion  
 GPS Coordinates: 45.019643, -122.699811  
 Street Address of Well, City: 17627 N Abiqua Rd, Silverton, OR 97381  
 If the property had a different street address in the past: 17207 N Abiqua Rd, Silverton, OR 97381

**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): domestic, commercial  
 Date Well Constructed (or property built): 11-25-1987 Total Well Depth: 85' Casing Diameter: 6"  
 Owner at time the well was constructed (if known): Bill Fessler Well Report # (if known): MARI 5800  
 Other Information: \_\_\_\_\_

SUBMITTED BY (please print): Sarah Schwab  
 PHONE: 503-508-6028 EMAIL &/or FAX: sarah.schwab@oda.oregon.gov

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) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:  
9-5-2023

Well Report Number:  
MARI 5800

Well Identification #:  
L-152843