STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

MARI 60177
02-03-2007

WELL LABEL # L 84148

START CARD # 191646

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company EMANUEL BIBLE CHURCH

Address 8512 SUNNYVIEW RD NE

City SALEM State OR Zip 97305

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☒ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 148.00 ft.

BORE HOLE

Dia	From	To
10	0	180

SEAL

Material	From	To	Amt	sacks/ lbs
Bentonite Chips	0	5	4	S
Cement	5	90	58	S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other Bent Poured Dry

Backfill placed from 148 ft. to 180 ft. Material Bentonite

Filter pack from 90 ft. to 148 ft. Material Sand Size 4x16

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	6	☒	1	117	.250	●	○	☒	☐
●	○	6	☐	142	148	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☒ Yes Dia 10 From 0 To 142

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type V-Wire Material 304 SS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		6	117	142	.08			

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
85		113	4

Temperature 57 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Marion Twp 7.00 S N/S Range 2.00 W E/W WM

Sec 14 SE 1/4 of the SE 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

8512 SUNNYVIEW RD NE

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	01-17-2007		☐	55

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 78

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
01-06-2007	78	112	50		☐	55
01-17-2007	118	141	85		☐	55
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	1
Tan Silt	1	26
Blue Clay	26	28
Brown Clay Sticky with Siltstone	28	54
Medium to Course Gravel with Sand	54	65
Course Gravel Cemented	65	78
Course Gravel WB	78	112
Gray Clay	112	118
Gravel with Gray Clay WB	118	125
Fine Gray Sand WB	125	130
Medium Gravel WB	130	135
Sand and Gravel Courser WB	135	141
Brown Clay with Gravel	141	144
Brown Silt Conglomerate	144	155
Taupe Silt Conglomerate	155	180

Date Started 12-28-2006 Completed 01-17-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1523 Date 02-03-2007

Electronically Filed

Signed ROBERT STADELI (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.88