

# MARI 63280

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

**WELL LABEL # L** 93545  
**START CARD #** 201746

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name Philip Last Name Coleman  
 Company \_\_\_\_\_  
 Address P.O. Box 535  
 City St. Paul State OR Zip 97137

**(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/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 150 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
20	0	50	Bentonite	0	50	60	S
16	50	150					

How was seal placed: Method  A  B  C  D  E  
 Other oar 690-210-0340  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 94 ft. to 150 ft. Material gravel Size 3/16  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing/Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	16		<input checked="" type="checkbox"/> 1.33	91.87	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	12		<input checked="" type="checkbox"/> 2	150	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 91.87  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material Stainless

Perf/S	Casing/Screen	Screen	Dia	From	To	Scrnm/slot width	Slot length	# of slots	Tele/ pipe size
Screen			12	94	107	.08			
Screen			12	107	145	.2			

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
650	52		1
600	48.3		2
600	49.7		5

Temperature 53 °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 5 S N/S Range 2 W E/W WM  
 Sec 31 SW 1/4 of the SE 1/4 Tax Lot 1500  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
11583 River Rd. NE Gervais, OR 97026

**(10) STATIC WATER LEVEL** Date \_\_\_\_\_ SWL(psi) + SWL(ft)  

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	09-13-2010		36.9

 Flowing Artesian?  Dry Hole?   
**WATER BEARING ZONES** Depth water was first found 84  

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
05-24-2010	84	108	3.00		25
05-28-2010	110	145	4.00		25

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	2
Clay brown	2	13
Clay brown silty	13	44
Clay tan silty	44	51
Clay gray silty	51	54
Clay blue & gray	54	61
Clay dark gray	61	71
Clay dark gray, some fine sand	71	82
Clay dark gray sandy	82	84
Clay brown sandy	84	93
Clay gray sandy	93	94
Sand black	94	96
Sand black(70%) & gravel	96	101
Sand black (50%) & gravel	101	108
Clay gray	108	110
Sand brown (50%) & gravel	110	145
Clay gray silty	145	150

Date Started 05-12-2010 Completed 09-22-2010

**(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 1704 Date \_\_\_\_\_  
 Password: (if filing electronically) \_\_\_\_\_  
 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 783 Date 10/4/10  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed Steven Grossen  
 Contact Info (optional) Grossen Well Drilling (503) 982-2060

ORIGINAL - WATER RESOURCES DEPARTMENT  
 THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK  
 OCT 06 2010

WATER RESOURCES DEPT  
 STATE OF OREGON

