

MARI
63692

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

WELL LABEL # 105248
START CARD # 206228

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
Company OAK PARK CONGREGATION OF JEHOVAH'S WITNESSES
Address 1555 HOFFMAN RD NE
City SALEM State OR Zip 97301

(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 119 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	lbs
10	0	40	Bentonite	0	5	3	S
6	40	119	Cement	5	40	30	S

How was seal placed: Method A B C D E
 Other Bentonite dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
	6	<input checked="" type="checkbox"/>	1.5	117.5	.250			<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 117.5
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		117	1

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 7 S N/S Range 2 W E/W WM
Sec 20 NE 1/4 of t: SW 1/4 Tax Lot 3000
Tax Map Number _____ Lot _____
Lat _____ " or 44.94777778 DMS or DD
Long _____ " or 122.96166667 DMS or DD
 Street address of well Nearest address

1555 HOFFMAN RD NE SALEM, OR 97301

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	06-06-2011		15

WATER BEARING ZONES Depth water was first found 13

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-01-2011	13	26	20		3
06-06-2011	47	119	100		15

(11) WELL LOG

Material	From	To
Crushed rock - parking lot	0	.5
Top soil	.5	3
Silty brown clay	3	16
Brown silt	16	26
Gray clay	26	28
Soft blue and gray clay	28	47
Dark gray sandy gravel with boulders	47	59
Blue and gray clay with sand and gravel	59	68
Muddy fine brown sand	68	74
Brown sand and gravel	74	81
Brown sand and gravel with black ash	81	94
Brown sand and gravel	94	119

Date Started 06-01-2011 Completed 06-06-2011

(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 1629 Date 06-08-2011
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 1273 Date 06-08-2011
Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____



JUN 09 2011 SEP 20 2011

WATER RESOURCES DEPT
SALEM, OREGON

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STATE OF OREGON
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WELL LABEL # L 105248

START CARD # 206228

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From	To	Description	Amount	Units

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1555 HOFFMAN RD NE SALEM, OR 97301

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Date _____ SWL(psi) + SWL(ft)

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Completed Well	06-06-2011		15

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 13

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
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(11) WELL LOG

Ground Elevation _____

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License Number 1229 Date 06-08-2011

Password : (if filing electronically)

Signed _____

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: 0.95

RECEIVED

JUN 09 2011

WATER RESOURCES DEPT
 SALEM OREGON

**STATE OF OREGON
EXEMPT USE WELL MAP**

(as required by ORS 537.545 & OAR 690.190)

This map is supplemental to the WATER SUPPLY WELL REPORT

MARI 63692

Oregon Water Resources Department

725 Summer St NE, Salem, OR 97301

(503)986-0900



LOCATION OF WELL

Latitude: 44.947705

Longitude: -122.961794

Datum: WGS84

Township/Range/Section/Quarter-Quarter Section: 7S 2W 20 NESW

Address of Well: 1555 HOFFMAN RD NE

Well Label #: L105248

Well Log: MARI 63692

Printed: Jul 25, 2011

DISCLAIMER: This map is intended to represent the approximate location of the exempt use well provided by the land owner. It is not intended to be construed as survey accurate in any manner.



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JUL 28 2011

**WATER RESOURCES DEPT
SALEM, OREGON**