

MARI 66957

WELL I.D. LABEL# L 111622-56660
 START CARD # 211891
 ORIGINAL LOG #

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company Zielinski Children's Irrevocable Trust

Address 8483 82nd Ave.

City Silverton State OR Zip 97381

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd

Casing: _____ Material From To Amt sacks/lbs

Seal: _____

(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 160 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
15	0	37	Bentonite Chips	0	37	36	S
10	37	160				Calculated	36
						Calculated	

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 _____ ft to _____ ft Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	10	☒	2.66	160.33	.250	☒	☐	☐	☒
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 160.33Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Mills knife

Screens		Type		Material		# of slots	Tel/ pipe size
Perf/S	Casing/ Screen	Liner	Dia	From	To		
Perf				121.5	158	408	

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
325	65.9		1
325	66.4		4

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 95 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 6 S N/S Range 2 W E/W WM

Sec 28 SW 1/4 of the SE 1/4 Tax Lot 01700

Tax Map Number _____ Lot _____

Lat _____ ' _____ " or _____ DMS or DD

Long _____ ' _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

6545 62nd Ave. NE Salem, OR 97305

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	10-20-2015			43

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 58

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
09-21-2015	58	64	10			47
10-08-2015	68	158	400			45

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
Clay brown, hard	1	5
Clay brown, med.	5	19
Clay brown, soft	19	28
Clay brown, silty	28	58
Sand brown & gravel to 1" (70% sand)	58	64
Clay gray	64	68
Sand black	68	72
Sand black & gravel to 2" (70-80% sand)	72	77
Sand brown & gravel to 4" (50% sand)	77	87
Sand brown & gravel to 4" (30% sand)	87	111
Cemented sand & gravel	111	122
Sand brown & gravel (30% sand)	122	148
Claybound sand & gravel	148	160

Date Started 09-15-2015

Completed 10-23-2015

(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 SEP 01 2017

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 10/30/15

Signed _____

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 Form Version: 0.95