

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 71824

WELL I.D. LABEL# L 157092
START CARD # 1079207
ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

9/22/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name JUAN Last Name ZARAGOZA

Company _____

Address 6627 ROCHESTER ST NE

City SALEM State OR Zip 97305

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing:

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☒ Other UNDER-REAMING

(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 91.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	42	Bentonite Chips	0	42	31	S
8	42	98			Calculated	23.82	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POUR-PROBE-H2O

Backfill placed from 91 ft. to 98 ft. Material NATIVE GRAVELS

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 9/2/2025 Begin Time 11 45

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	8	<input checked="" type="checkbox"/>	2	91	0.250	ST	<input checked="" type="checkbox"/>		OUT. 91

Temp casing ☒ Yes Dia 12 From+ ☒ 1 To 6

(7) PERFORATIONS/SCREENS

Perforations Method Downhole Perforator

Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	8	85	90	.25	1	120	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	150		90	5
Air	120		80	3

Temperature 53 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount 110 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 6.00 S N/S Range 2.00 W E/W WM

Sec 15 NW 1/4 of the SW 1/4 Tax Lot 900

Tax Map Number Lot

Lat ° ' " or 45.04746652 DMS or DD

Long ° ' " or -122.92632753 DMS or DD

☒ Street address of well ☐ Nearest address

6627 ROCHESTER ST NE, SALEM, OR 97305

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/4/2025			42
Flowing Artesian?	<input type="checkbox"/>			
Dry Hole?	<input type="checkbox"/>			

WATER BEARING ZONES

Depth water was first found 42.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/4/2025	42	98	150			42

(11) WELL LOG

Ground Elevation 169.28 FT

Material	From	To
Topsoil	0	5
Clay, Brown silty	5	23
Clay, Firm blue-gray	23	47
Clay, Firm gray sandy	47	53
Sand, Fine black	53	66
Sand, Fine w/blue clay	66	69
Gravels, Med/Coarse w/ fine black sand	69	80
Same, w/ fine brown sand	80	84
Gravels, Fine/Coarse (Softball) w/s fine sands	84	98

Construction

Begin Date 9/2/2025 Begin Time 08 50 End Date 9/4/2025

(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

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 1977 Date 9/8/2025

Signed JOSE ESTRADA (E-filed)

Drilling Company: bluewaterdrilling@gmail.com 503-868-7878

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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9/22/2025

Map of Hole

