

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

7999
 MARI 7999

DEC 28 1988
MARI 7999
 WATER RESOURCES DEPT.
 SALEM OREGON

pg 102

SC 7811
 [Signature]

(1) **OWNER:** Well Number: _____
 Name Suburban E. Salem Water District
 Address 115 Lancaster Drive N.E.
 City Salem State OR Zip 97301

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable
 Other _____

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) **BORE HOLE CONSTRUCTION:**
 Final Construction approval Yes No Depth of Completed Well 420 ft.
 Yes No OK
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
6	0 40	cement	0 44	70 sacks	
12	40 185	cement	175 185	10 sacks	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 44 ft. to 175 ft. Material gravel
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	185	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		415	1 hr.
			24 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes. By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
 County Marion Latitude _____ Longitude _____
 Township 7S N or S, Range 2W E or W, WM.
 Section 30 SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) E & S of 4122 Auburn Rd
Salem, OR 97301

(10) **STATIC WATER LEVEL:**
 _____ 22 ft. below land surface. Date 11-30-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 301

From	To	Estimated Flow Rate	SWL
301	315		50
395	400		100

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Soil	0	1	
Clay brown med	1	17	
Clay grey med sandy	17	35	
Gravels cemented brown	35	82	
Clay & gravels brown	82	104	
Sand & gravels brown med	104	158	
Gravels w/ sand brown coarse	158	176	
Basalt black hard	176	184	
Basalt grey hard	184	195	
Soft rock orange	195	196	
Basalt grey and brown fractured	196	233	
Basalt grey w/ green in seams - semi fractured	233	245	
Basalt grey hard	245	248	
Basalt dark grey fractures	248	253	
Basalt grey hard	253	270	
Basalt black hard	270	290	
Basalt grey hard	290	301	
Basalt porous green & blue & grey	301	315	WB
Basalt grey fract. & porous	315	365	
Basalt black hard	365	395	

Continued on additional page

Date started 11-9-88 Completed 11-30-88

(unbonded) **Water Well Constructor Certification:**
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 1358
 Date 12-27-88

(bonded) **Water Well Constructor Certification:**
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 723
 Date 12-27-88

MARI 7999
For Official Use Only:

Received Date: _____ County Well Log ID # MARI 7999 Well Identification Tag # 37895

WELL IDENTIFICATION APPLICATION FORM

Michael J. Kurtz, Manager

BUYER/CURRENT WELL OWNER:

RECEIVED

Name: Suburban East Salem Water District USER ID 12466 DEC 14 1999

Mailing Address: 3805 LaBranch Street SE **WATER RESOURCES DEPT. SALEM, OREGON**

City: Salem State: Oregon Zip: 97301 Phone: (503) 364-1620

WELL LOCATION:

MARI 7999

County: Marion Owner's Well Number: Well 2B

Township: 7 N or (S) Range: 2 E or (W) Section: 30 SE 1/4 NW 1/4

Tax Lot Number: 1902 Type of Well: water supply Domestic monitoring _____

Street Address of Well (if different from above): Behind 4122 Auburn Rd SE Salem, OR
ORS 264

WELL INFORMATION: (do not complete remainder of application if well log is available)

WELL LOG ATTACHED

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310