

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

MARION 870

4s/1w/31cd

(START CARD) # 12860

(1) OWNER: Well Number: 2830
 Name Marion Co. Landfill, c/o Stettler Supply Co.
 Address 1810 Lana Avenue NE
 City Salem State OR Zip 97303

(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:
 Special Construction approval Yes No

 Depth of Completed Well 200 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	25	Bentonite	0	25	
8"	0	200				

How was seal placed: Method A B C D E
 Other as per ORS 690-210-340
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+2	200	.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) 200'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
136	156	1/4"	360			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 400 Drawdown 27' Drill stem at _____ Time 30 hrs.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 4S N or S, Range 1W E or W, WM.
 Section 31 SE ¼ SW ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Marion Landfill property

(10) STATIC WATER LEVEL:
55 ft. below land surface. Date 8/18/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 81

From	To	Estimated Flow Rate	SWL
81	198	1000+	55

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	29	
Gray Clay	29	81	
Black Sand & gravel	81	125	
Muddy Black Sand & Gravel	125	138	
Brown Sand & Gravel, Cemented	138	140	
Black Sand & Gravel	140	156	
Blue Clay	156	160	
Black Sand	160	197	
Black Sand & Gravel	197	198	
Blue Clay	198	200	

Date started 8/3/89 Completed 8/18/89

(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 Mark D Bein WWC Number 753
 Date 9/10/89

(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. Willamette Drilling Co.
 Signed Mark D Bein WWC Number 753
 Date 9/10/89