

MARI 8917

OBSERVATION WELL

WATER WELL REPORT

STATE OF OREGON

State Well No. 8/1W-286

State Permit No. G1891

File Original and
First Copy with the
STATE ENGINEER,
SALEM, OREGON

(1) OWNER:

Name Josephine Gorpacher
Address Box 20
Sublimity, Ore.

(2) LOCATION OF WELL:

County Marion Owner's number, if any— 1
SW 1/4 NE 1/4 Section 28 T. 8S R. 1W W.M.
Bearing and distance from section or subdivision corner
900 feet east & 2300 feet south from
N 1/4 corner of Section 28, T8S, R1W

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) TYPE OF WELL:

Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED:

Threaded ☐ Welded ☒

6/5/8 " Diam. from 1 3/4 ft. to 122 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? ☐ Yes ☒ No

Type of perforator used _____

SIZE of perforations	in. by	in.
_____ perforations from _____ ft. to _____ ft.		
_____ perforations from _____ ft. to _____ ft.		
_____ perforations from _____ ft. to _____ ft.		
_____ perforations from _____ ft. to _____ ft.		
_____ perforations from _____ ft. to _____ ft.		

(8) SCREENS:

Well screen installed ☐ Yes ☒ No

Manufacturer's Name _____ Model No. _____
Slot size _____ Set from _____ ft. to _____ ft.
Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Was well gravel packed? ☐ Yes ☒ No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? ☐ Yes ☐ No To what depth? _____ ft.
Material used in seal—
Did any strata contain unusable water? ☐ Yes ☐ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 112 ft. below land surface Date 4/7/60
Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by:

[Signed] Josephine Gorpacher April 11, 1960
(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? Stettler
Yield: 90 gal./min. with 48 ft. drawdown after 3 hrs.

" " " "
" " " "

Bailer test gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow g.p.m. Date _____

Temperature of water 54 Was a chemical analysis made? ☐ Yes ☐ No

(12) WELL LOG:

Diameter of well 6 inches.

Depth drilled 178 ft. Depth of completed well 178 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Red clay & top soil	0	3
Decomposed tuft (yellow)	3	25
Tuftstone (gray)	25	65
Tufts with wood fragments (brown to blk)	65	75
Cemented Tufts (L gray)	75	100
Cemented gravel in a green matrix	100	110
Cemented gravel with d grn matrix	110	115
" " with d bl matrix	115	122
Basalt	122	165
Old land surface	165	170
Vesicular basalt graduating to solid basalt	170	178
Drilled 8" hole thru tufts to 122' to set 6" casing		

Work started 3/28 1960 Completed 4/7 1960

(13) PUMP:

Manufacturer's Name _____
Type: _____ H.P. _____

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Robinson Drilling & Supply
(Person, firm, or corporation) (Type of print)

Address 140 Pine St NE Salem, Ore

Driller's well number 8/1W28 G-1

[Signed] _____ (Well Driller)

License No. 22 Date 4/9/60, 19_____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

JUN 07 2018

Do not complete if the well already has a Well Identification Number.

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): George Gerspacher
Mailing Address: P.O. Box 177, Sublimity, Oregon 97385
City, State, Zip: _____
Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O) _____
Name & Address: _____
City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: SS (North / South) Range: 1 (East / West) Section: 28 SW 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County MARION
GPS Coordinates: _____
Street Address of Well, City: 7495 ANDERSON RD SE AUMSVILLE 97325
If the property had a different street address in the past: -

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
Date Well Constructed (or property built): April, 1960 Total Well Depth: 178' Casing Diameter: 6"
Owner at time the well was constructed (if known): Josephine Well Report # (if known): MARI 8917
Other Information: Not irrigation now

SUBMITTED BY (please print): George J. Gerspacher
PHONE: 503-769-3145 EMAIL &/or FAX: gandm@wvi.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

6-7-18

Well Report Number:

MARI 8917

Well Identification #:

L-130702