WATER WELL REPORT STATE OF OREGON

RECEIVED MARI 16734 JAN 12 198

WATER RESOURCES DEPT SALEM, OREGON

R	Well No.	's - 3ω	-1cG
16750	, "gerez ^e		
167211	Permit No.	•••••	•••••
1 - 1541	*		

	10139	
(1) OWNER:	(10) LOCATION OF WELL:	
Name Keizer Water District	County Marjon Driller's well n	umberWiessner 1
Address 641 Chemawa Rd. N.E.		r. 3w w.m.
City Salem, Or. State	Tax Lot # Lot Blk	Subdivision
(2) TYPE OF WORK (check):	Address at well location: End of Wiessne	r Dr.
New Well ⊠ Deepening □ Reconditioning □ Abandon □	(11) WATER LEVEL: Completed we	11.
If abandonment, describe material and procedure in Item 12.	Depth at which water was first found 49	ft.
(3) TYPE OF WELL: (4) PROPOSED USE (check):	70	d surface. Date 12-10
Air 🗆 Driven 🗆 Domestic 🗆 Industrial 🗅 Municipal 🖾		square inch. Date
Rotary Mud □ Dug □ Irrigation □ Test Well □ Other □ Cable ☑ Bored □ Thermal: Withdrawal □ Reinjection □	(12) WELL LOG: Diameter of well below or	eing 6
	Depth drilled 259 ft. Depth of co	mpleted well 255 ft.
(5) CASING INSTALLED: Steel A Plastic Threaded Welded X	Formation: Describe color, texture, grain size and struc	
0 "Diam from 0 ft to 30 ft Gauge	thickness and nature of each stratum and aquifer penetr for each change of formation. Report each change in po	
18 Diam from +3 ft to 145 ft Gauge .375	and indicate principal water-bearing strata.	Signal of Souther Water Level
LINER INSTALLED:	MATERIAL	From To SWL
·	Soil med brn	0 2
	Sandy loam brn	2 4
(6) PERFORATIONS: Perforated? ☐ Yes ☑ No	Clay med brn	4 40
Type of perforator used	Clay sandy brn	40 45
Size of perforations in. by in.	Sand silty brn	45 49
perforations from ft. to ft.	Gravel Cemented med brn	49 83
perforations from	Gravel large sand grey	83 115
perforations from ft. to ft.		15 125
(7) SCREENS: Well screen installed? Yes No		25 132
Manufacturer's Name Johnson Type Hi Cap Stainless Model No. 304		132 151
Type Hi Cap Stainless Model No. 304 Diam. 16 Slot Size 100 Set from 145 ft. to 185 ft.		170
16 - 100 - 205 - 255 - 1	Sandy clay, small gravel	170 179
December is amount water level is leward		179 188
WELL TESTS: Drawdown is amount water level is lowered below static level		188 200
Was a pump test made? Yes No If yes, by whom? Schneider		200 233
Yield: 1500 gal/min. with 71 ft. drawdown after 48 hrs.		233 237
<i>" "</i>		237 245
Air test gal./min. with drill stem at ft. hrs.		245 259
er test gal./min. with ft. drawdown after hrs.		
Artesian flow g.p.m.		
Temperature of water Depth artesian flow encountered ft.	Work started 9-23 1980 Completed	12-12 19 8
(9) CONSTRUCTION: Special standards: Yes □ No 🛚	Date well drilling machine moved off of well $12-1$	2-80 19
Well seal—Material used Cement Crt	Drilling Machine Operator's Certification:	
Well sealed from land surface to6t.	This well was constructed under my direct su	
Diameter of well bore to bottom of seal in.	and information reported above are true to my be	
Diameter of well bore below sealin.	[Signed] (Drilling Machine Operator)	Date 12-19980
Number of sacks of cement used in well seal	Drilling Machine Operator's License No86)
They was center group and process	Water Well Contractor's Certification:	
up to ground surface.	This well was drilled under my jurisdiction	and this report is true to
777	the best of my knowledge and belief.	_
Was pump installed? ☐ Type ☐ HP ☐ Depth ☐ ft. Was a drive shoe used? ☐ Yes ☐ No Plugs ☐ Size: location ☐ ft.	Name Stadeli Pump & Constr	
Was a drive snoe used? 4 Yes ☐ No Plugs	(Person, firm or corporation) Address Silverton, Oregon 97	781 (Type or print)
Type of Water? Hi Iron depth of strata 190'-205'	The same of the sa	7.121
Method of sealing strata off Blank Casing	[Signed] (Water Well Contracto	AMIL
Was well gravel packed? ☐ Yes ☒ No Size of gravel:	Contractor's License No. 519 Date 12-1	9 1980
Gravel placed from	Collection B Literature 110. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	, 10
NOTICE TO WATER WELL CONTRACTOR	WATER RESOURCES DEPARTMENT,	SP*12658-690

MARI 16734

OREGON HEALTH DIV'SION ONLY:

Received Date:

County Well Log ID#

9/18/00

MARI 16734

WELL IDENTIFICATION LA BEL ATTACHMENT FORM (OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER	OWNER (S) WELL NO: $\frac{\#7}{}$
Name: City of Keizer	
Mailing Address: P.O. Box 21000	
City: Keizer State: C	2 Zi): 97367 Phone: (503) 390 - 3766
CONTACT PERSON:	
NAME: Joe Edgell	PHONE # (503) 390-3700
THIS FORM IS ONLY	TO BE USED FOR WELLS WITH
POSITI	VELY IDENTIFIED
WATER SUI	PPLY WELL REPORTS.
	TET WEED REFORTS.
	O. OFFICIAL USE ONLY
О.Н.Д	
О.Н.Д	O. OFFICIAL USE ONLY 3
O.H.D. TOWNSHIP: 7—N/S RANGE:	O. OFFICIAL USE ONLY 3 E/® SECTION:—/TAX-LOT:7500
O.H.D. TOWNSHIP:	O. OFFICIAL USE ONLY 3 E/® SECTION:—/TAX-LOT:7500
O.H.D. TOWNSHIP:	SECTION:TAX-LOT: 7500