WATER WELL REPORT STATE OF OREGON



v •	2-1	3w-2_
State Well No.	131	3W W

STATE OF OREGON N. 16	101982 State Permit No.
1677 2water Res	OURCES DEPT Deelening
SALEM	Cast HAVAN
1) OWNER:	(10) LOCATION OF WELL: Driller's well number West
Name Keizer Water District	County TYNYIVIL 2 m 25 p 31M W.M.
Address 641 Che-Mawa Rd, NE	W Western S California
Salem State Oragon	Tax Lot #
	Address at well location: UNE MAIT DICK SOUTH OF
(2) TYPE OF WORK (check):	DON' BY IN THE DO THOUGHT CAME
New Well □ Deepening □ Reconditioning □ Abandon □	(11) WATER LEVEL: Completed well.
If abandonment, describe material and procedure in Item 12. (3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found Static level Static level 6 ft. below land surface. Date 3-2-82
(3) 1112 32	the personare inch Date
Rotary Air Driven Domestic Lindustrial Addition	Altesian protects
Rotary Mud Dug I Irrigation I lest Well Reinjection I Thermal: Withdrawal Reinjection I	(12) WELL LOG: Diameter of well below casing
CACING INCTALLED Steel Plastic	Depth drilled 90 ft. Depth of completed well 15 ft. Formation: Describe color, texture, grain size and structure of materials; and show a surface properties of the structure of materials.
(5) CASING INSTALLED. Steel Welded Welded	
6 "Diam from 1316 ft. to 225 ft. Gauge	for each change of formation. Report each change in position of State Wasse
"Diam fromft. toft. Gauge	and indicate principal water-bearing strata.
LINER INSTALLED:	MATERIAL
"Diam. from	This well was originally an 8" well
	extending to 135 depth, a 6 struct
(6) PERFORATIONS: Perforated? Yes No	cased hole was an lad from 135-13-15
Type of perforator	offer drilled pertorated + developed the
Size of perforations 44 m. by	and remained from their up leaving 3/2
1500 perforations from 1.28 ft. to 092 ft.	and removed from their us leaving sto
perforations from	of 6" casing inside of the 8" casing.
perforations from ft. to ft.	Small-madium a ravel wil
(7) SCREENS: Well screen installed? Yes You	Cine-coarse sand-brown 135 68'
Manufacturer's Name	7100
Type	[// 0' 171']
Diam. Slot Size Set from ft. to ft	Brown sand ctorave w
Diam. Slot Size Set from ft, to Drawdown is amount water level is lowered	intermittent stronks of
(8) WELL TESTS: below static level	Comentation revidence of
a pump test made? Yes No If yes, by whom? Drillar	brown Clay 171 305 166
a pump test made? I les 1140 1150, 150, 150, 150, 150, 150, 150, 15	1 · 1 · 1
WING S'SHL 400 " 20 " "	_
Air test gal/min. with drill stem at ft. hrs	3.
Bailer test gal./min. with ft. drawdown after hr	3.
Actiesian flow g.p.m.	- CA CA CA 1083
perature of water Depth artesian flow encountered f	
(9) CONSTRUCTION: Special standards: Yes \(\text{No} \)	Date well drilling machine moved on or well
Woll seal—Material used	Drilling Machine Operator's Certification:
Well sealed from land surface to	t. This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
Diameter of well bore to bottom of sealin.	Date Ob. R. 194.
Diameter of well bore below sealin.	(Drilling Machine Operator)
sac	- I Malling Machine Operator a moormo vio
How was cement grout placed? Seal not aisturba	Water Well Contractor's Certification:
	This well was drilled under my jurisdiction and this report is true to
Ila _ TYD Doub	the best of my knowledge and belief.
Was pump installed?	ft. Name (Person, firm or corporation) (Type or print)
Was a drive shoe used? □ Yes □ No Plugs Size: location	Address 4982 Kegal Dr. NE
	aniology (1) whoo
Type of water.	[Signed]
Method of sealing strata off Size of gravel:	Contractor's License No. 633 Date #014411, 19.00
Was well gravel packed? ☐ Yes ☑ No Size of gravel:	

MARI 16772

OREGON HEALTH DITTSION ONLY:

Received Date:

County Well Log ID#

9/18/00

MARI 16826 MARI 16778

MARI 16772

WELL IDENTIFICATION LABEL ATTACHMENT FORM (OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER	<u>R:</u> OWNER (S) WELL NO: #1
Name: City of Keizer	
Mailing Address: P.O. Box 21009	
City: Keizer State:	OR Zip: 97307 Phone: (503)390-3700
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.
О.Н.Д	O. OFFICIAL USE ONLY
	O. OFFICIAL USE ONLY 3 E/® SECTION: 2 TAX-LOT:200
TOWNSHIP: 7 N / S RANGE:	3 E/® SECTION: 2 TAX-LOT: 200
TOWNSHIP:	3 E/® SECTION: 2 TAX-LOT: 200
TOWNSHIP:	3 E/® SECTION: 2 TAX-LOT: 200 DATE: 8/18/00