## WATER WELL REPORT STATE OF OREGON

MARI 167	9: U	7	V	ED.	e Well No.	2
MARILIA	MAR	31	1981			
7779 10	ER RES	OUR	CES	DEP	e Permit No T	o

25	13w-21	dc
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(6/7)	7/498LEM, OREGON
1) OWNER:	(10) LOCATION OF WELL:
Mame Keizer Water District	County Marion Driller's well number Chemawa 1
ddress 641 Chemawa Rd. NE	NW 4 NW 4 Section 2 T.7S R.3W W.M
ity Salem State Or	Tax Lot # Lot Blk Subdivision
	Address at well location: 641 Chemawa Rd. NE
2) TYPE OF WORK (check):	
New Well $oxtimes$ Deepening $\Box$ Reconditioning $\Box$ Abandon $\Box$	(11) WATER LEVEL: Completed well.
abandonment, describe material and procedure in Item 12.	_ ~
3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found 95 ft. Static level 2.1 ft. below land surface. Date
Ray Rotary	
ote	
☐ Bored ☐ Thermal: Withdrawal ☐ Reinjection ☐	(12) WELLLOG: Diameter of well below casing
5) CASING INSTALLED: Steel  Plastic	Depth drilled 255 ft. Depth of completed well 255 f
Threaded $\square$ Welded $\square$	Formation: Describe color, texture, grain size and structure of materials; and sho thickness and nature of each stratum and aquifer penetrated, with at least one entr
30	for each change of formation. Report each change in position of Static Water Leve
1	and indicate principal water-bearing strata.
LINER INSTALLED:	MATERIAL From To SWL
	Soil Med. Brn 0 2
ft. toft. Gauge	Clay Med. Brn 2 13
6) PERFORATIONS: Perforated? □ Yes 🖾 No	Gravel Lrg Grey 13 19
Type of perforator used	Gravel Lrg Sand Brn 19 68
Size of perforations in. by in.	<u> </u>
perforations from	
	Conglm Med. Blue 77 80
perforations from	Clay Sticky Grey 80 95
perforations from	Conglm Med. Brn 95 116 WB
7) SCREENS: Well screen installed? M Yes   No	Gravel Lge Sand Brn   116   148   WB
Manufacturer's Name Johnson	Gravel Med. to Lge Grey 148 176 WB
Type Hi-Cap Low carbon steel Model No.	Gravel Med. Sand Brn 176 215 WB
a/a 150 150 550 .	Gravel Lge Sand Brn 215 255 WB
	Glaver nge band bin 21) 2) Mb
Diam. Slot Size Set from ft. to ft.	
8) WELL TESTS: Drawdown is amount water level is lowered below static level	
pump test made? X Yes No If yes, by whom? Schneider	
0,000	
Yerd: 2500 gal./min. with 09 ft. drawdown after 40 hrs.	
Air test gal./min. with drill stem at ft. hrs.	
br test gal./min. with ft. drawdown after hrs.	
ian flow g.p.m.	
Temperature of water Depth artesian flow encountered ft.	Work started 1-5 19 81 Completed 3-3 198
(9) CONSTRUCTION: Special standards: Yes 🗆 No 🖔	Date well drilling machine moved off of well 2-9 198
Well seal—Material used Cement Crt	Drilling Machine Operator's Certification:
Well sealed from land surface to8.5	This well was constructed under my direct supervision. Materials us
Diameter of well bore to bottom of seal 36in.	and information reported above are true to my best knowledge and helie
Diameter of well bore below seal .26"+in.	[Signed] Chilling Machine Operator) Date 3/5 , 19.8
Number of sacks of cement used in well seal 431 sacks	720
How was cement grout placed? Pumped from 85 up	Drilling Machine Operator's License No
to ground surface with grt pump	Water Well Contractor's Certification:
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	This well was drilled under my jurisdiction and this report is true
	the best of my knowledge and belief.
Was pump installed?	Name Stadeli Pump & Construction Inc.
Was a drive shoe used?	(Person, firm or corporation) (Type or print)
Did any strata contain unusable water? 🗆 Yes 况 No	Address Silverton, Or. 97381
Type of Water? depth of strata	100: Landols
Method of sealing strata off	[Signed] (Water Well Contractor)
Was well gravel packed? X Yes □ No Size of gravel: 2 "MINUS	Contractor's License No. 519 Date 3/5/ ,19
Gravel placed from	
draver placed from	

## **MARI 16779**

## OREGON HEALTH DIVISION ONLY:

Received Date:

County Well Log ID#

9/18/00

MARI 16779

## WELL IDENTIFICATION LABEL ATTACHMENT FORM (OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER	R: OWNER (S) WELL NO: #/O
Name: City of Keizer	
Mailing Address: P.O. Box 21000	
City: Keizer State: C	OR Zip 47307 Phone: (SOS) 390-3700
CONTACT PERSON:	
NAME: Joe Edgell	PHONE # (503) 390 - 3700
THIS FORM IS ONLY	TO BE USED FOR WELLS WITH
POSITI	VELY DENTIFIED
WATER SIII	PPLY V/ELL REPORTS.
WITHOU	TET VILLE REPORTS.
	D. OFFICIAL USE ONLY
О.Н.Д	
О.Н.Д	e ® section: 2 tax-lot: 4500
O.H.D.  TOWNSHIP:	o. official use only  E ® SECTION: 2 TAX-LOT: 4500
O.H.D.  TOWNSHIP:	o. official use only  E ® SECTION: 2 TAX-LOT: 4500
O.H.D.  TOWNSHIP:	DATE: 8/18/06