

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

MARI 17870
 MAY 29 1992
 MARI 17870
 WATER RESOURCES DEPT.
 SALEM, OREGON

68/3w/26ad
 (START CARD) # 26328

(1) OWNER: Well Number _____
 Name City of Keizer
 Address 930 Chemawa Rd. NE.
 City Keizer 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 Municipal

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 310 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	52	Cement	0	52	42 Sacks
12	52	340				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 310 ft. to 340 ft. Material 3/4 minus crushed
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	±2	195	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	190	195	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	250	275	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10	295	310	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 325

(7) PERFORATIONS/SCREENS:
 Perforations Method Pull Back
 Screens Type V Slot Material 304 S Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
195	230	80		10"	pipe size	<input type="checkbox"/>	<input type="checkbox"/>
230	250	50		10"	pipe size	<input type="checkbox"/>	<input type="checkbox"/>
275	295	80		10"	pipe size	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1200	30'		12 1 hr.

Temperature of Water 55 Depth Artesian Flow Found _____
 Was a water analysis done? Yes 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 Murien Latitude _____ Longitude _____
 Township 6-S N or S. Range 3-W E or W. WM. _____
 Section 26 SE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 7171 River Rd. Keizer OR

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 5-9-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60 ft

From	To	Estimated Flow Rate	SWL
60	141	Cased off	56
176	319	1200+	60

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
See Attached Sheets			

Date started Feb 28 Completed May 9
(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 _____ Date _____ WWC Number _____

(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.
 Signed Floyd Sippel / Michael Waldrop WWC Number #1273 / #633
 Date 5/20/92

RECEIVED

Material

MAY 29 1992

WATER RESOURCES DEPT
SALEM, OREGON

	From	To	SWL
Brown Clay	0	13	
Brown Silty Clay	13	42	
Brown Clay - heavy	42	51	
Dark brown sand + clay	51	60	
Fine brown sand + silt Some water	60	73	54.6
Small - medium gravel with brown sand	73	74	
Fine brown sand, silt with small P- gravel	74	80	
Gravel small to large with brown Fine to coarse sand and silt	80	91	
Gravel small to large with brown clay binder	91	105	56'
Gravel medium to large with brown medium to coarse sand - Some cementation	105	134	56
Sand and gravel - rusty and broken	134	139	56
Rusty gravel and sand with brown sandy clay	139	141	56
Blue clay - dense	141	149	
Blue sandy clay	149	150	
Blue clay with small claystone chunks	150	161	
Blue Sandy clay	161	171	
Blue Sandy clay with some gravel	171	173	
Dark gray sandy clay	173	176	
Small to large gravel - black sand + blue clay	176	198	60
Small - medium gravel fine to coarse black sand	198	203	60
Small - large gravel and sand	203	221	60
Slightly cemented gravel	221	222	60
Gravel small to large with brown Fine Sand	222	251	60
Gravel + Sand with some clay + cementation	251	257	60
Brown Sandy clay	257	260	
Gravel brown clay and sand	260	278	

OREGON HEALTH DIVISION ONLY:

Received Date:

County Well Log ID #

9/18/00

MARI 17870

WELL IDENTIFICATION LABEL ATTACHMENT FORM (OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER:

OWNER (S) WELL NO: #14

Name: City of Keizer

Mailing Address: P.O. Box 21000

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 POSITIVELY IDENTIFIED WATER SUPPLY WELL REPORTS.

O.H.D. OFFICIAL USE ONLY

TOWNSHIP: 6 N (S) RANGE: 3 E (W) SECTION: 26 TAX-LOT: 129

Well Identification Label : L- 32109

LABEL ATTACHED BY: Tom Pattee DATE: 8/18/00 (O.H.D. OFFICIAL)

(WATER SUPPLY WELL REPORT MUST BE ATTACHED!)

Please Return Completed Form to:

Larry D. McQueen Well Identification Program Oregon Water Resources Department 158 12th Street NE Salem, OR 97310