

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

Mar 18 385

(START CARD) # 60/2w/34
28911

(1) OWNER: Wilbur KLOPFENSTEIN Well Number _____
 Name _____
 Address 6041 75TH AVE NE
 City SALEM State OR Zip 97305

(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 _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 235 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0 24'	Cement	0 24'	86 sacks
12"	24 235'			

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	12'	235'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 235

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100'	230'	3/8" x 12"	1750			<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Lift Air Flowing Artesian
 Yield gal/min 500 Drawdown 42' Drill stem at _____ Time 1 hr.

Temperature of Water 53° 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: 235

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 6S N or S. Range 2W E or W. WM. _____
 Section 34 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5615 72nd Ave NE
N.E. Salem OR 97305

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date 3-20-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 101

From	To	Estimated Flow Rate	SWL
101	230	800+	36

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	12	
Blue Clay	12	66	
Gray Clay + Sand	66	81	
Small gravel + Clay	81	86	
Brown Clay	86	94	
Gray Clay	94	101	
Sand + Med Gravel	101	144	36
Small + Med Gravel	144	209	11
Large Gravel - silt/sand	209	214	"
Med Gravel + Dark Sand	214	231	"
Green Clay	231	235	

RECEIVED
 APR 6 1993
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started 1-22-93 Completed 3-20-93

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number 579
 Signed Paul Bello Date 3/25/93