

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

MARI
19261

75/2W/28
Pg 1 of 2
(START CARD) # 71105 Pg. 1

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Myron Kuenzi-Kuenzi Tur Fx Nurse
Address 6500 State St.
City Salem State OR Zip 97301

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment
(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 245 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	22	Bentonite	0	32	28 Sacks
10	22	32				
8 1/2	32	245				
147	225		under reamed 8x20" hole			

How was seal placed: Method A B C D E
 Other Placed Dry
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: 8 in	+1	226	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) 226
(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife
 Screens Type _____ Material _____
From 95 To 115 Slot size 3/8 x 24 Number 328 Diameter _____ Tele/pipe size _____ Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 60 Drawdown 10 ft Drill stem at _____ Time _____
200 _____
Temperature of water 56 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 Marion Latitude _____ Longitude _____
Township 7-S N or S Range 2-W E or W. WM. _____
Section 28 _____ 1/4 _____ 1/4 _____
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) None Next to 6355 off 63 St.

(10) STATIC WATER LEVEL:
59 ft. below land surface. Date 9-23-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 81

From	To	Estimated Flow Rate	SWL
81	226	200	59

(12) WELL LOG: WATER RESOURCES DEPT. SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Brown Sandy clay	3	21	
Blue Clay	21	24	
Tan Sandy clay + silt	24	48	
Reddish Sandy clay	48	58	
Cemented gravel	58	76	
Sand + gravel w/ silt	76	81	
Tight gravel w/ layers of brown clay	81	93	59
Tight gravel less clay	93	116	59
Weathered rock + packed Sand Seams	116	130	
Brown Sandy clay w/ small gravels	130	137	
Weathered rock + Small gravel layers	137	147	59
Broken basalt	147	152	59
Broken black basalt w/ green tint	152	163	59

Date started 8-23-94 Completed 9-23-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
William Smith WWC Number 175
Signed 8-23-94 WJS 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Floyd Sepp WWC Number 1273
Signed _____ Date 10-5-94

RECEIVED

OCT 20 1994

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STATE OF OREGON WATER WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT. SALEM, OREGON

Instructions for completing this report are on the last page of this form

(1) OWNER: Myvon Kuenzi-Kuenzi Turf + Nursery, 6500 State St., Salem, OR 97301

(9) LOCATION OF WELL by legal description: County Marion, Township 7-S, Range 2-W, Section 28

(2) TYPE OF WORK: [] New Well [] Deepening [] Alteration [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No, Depth of Completed Well, Explosives used [] Yes [] No

Table with columns for HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds

How was seal placed: Method [] A [] B [] C [] D [] E, Backfill placed from, Gravel placed from

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Material, Casing, Liner

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

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?

(10) STATIC WATER LEVEL: ft. below land surface, Artesian pressure lb. per square inch

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

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Well Log Table with columns: Material, From, To, SWL. Includes entries like White clay, weathered broken black basalt, brown basalt, etc.

Date started 8-23-94 Completed 9-23-94

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