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75/3w/2ac
69325

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

JUN 19 1995

WATER RESOURCES DEPT

(START CARD) #

(1) OWNER:

Name KEIZER WATER DISTRICT
Address 930 CHEMAWA RD. NE
City KEIZER State ORE Zip 97307

SALEM, OREGON

Well Number

(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 255 ft.
Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
8"	210'	255'	SEAL NOT EXISTING	DISTURBED 12" WELL		

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	7" O.D.	205'	210'	186"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7" O.D.	245'	255'	158"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Final location of shoe(s) 255'

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type V-SLOT Material 304 STAIN-STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
105'	109'	3/8"x2"	90			<input checked="" type="checkbox"/>	<input type="checkbox"/>
210'	228'	100		8"	tele.	<input type="checkbox"/>	<input type="checkbox"/>
228'	233'	0		8"	tele.	<input type="checkbox"/>	<input type="checkbox"/>
233'	245'	100		8"	tele.	<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
600 GPM	53'		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 MARION Latitude _____ Longitude _____
Township 7S N or S. Range 3W E or W. WM.
Section 2 SW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1150 BRANDEN ST. NE KEIZER ORE.

(10) STATIC WATER LEVEL:

15 ft. below land surface. Date 2-5-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
210'	245'	UNKNOWN	15'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
BROWN SAND + GRAVEL w/ SOME BROWN CLAY	210'	228'	15'
BROWN SANDY CLAY	228'	233'	
SMALL - MEDIUM GRAVEL, SAND w/ SOME BROWN + BLUE CLAY	233'	237'	15'
GRAVEL w/ BLUE CLAY	237'	245'	15'
BLUE SANDY CLAY	245'	255'	

Date started FEB. 6, 1995 Completed APRIL 26, 1995

(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 _____ WWC Number _____ 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.

Signed Michael Waldrop WWC Number 633 Date 6-19-95

OREGON HEALTH DIVISION ONLY:

Received Date:

County Well Log ID #

9/18/00

MARI 16776
MARI 19701

WELL IDENTIFICATION LABEL ATTACHMENT FORM
(OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER:

OWNER (S) WELL NO: #6

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: 7 N (S) RANGE: 3 E (W) SECTION: 2 TAX-LOT: 4500

Well Identification Label : L- 32103

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