

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

RECEIVED
STATE ENGINEER
SALEM, OREGON
AUG 28 1973
STATE ENGINEER
SALEM, OREGON

MAR 5200

State Well No. 65/3W-25

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

(Please type or print)
Do not write above this line)

State Permit No.

(1) OWNER:

Name Kenneth Nielson
Address 5220 Dean Dr. N. Salem, Ore

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Cable Dug
Driven Jetted Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
10" Diam. from 15 ft. to 155 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used Mills
Size of perforations 2 in. by 2 in.
250 perforations from 140 ft. to 150 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Type _____ Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Miller & West
Yield: 600 gal./min. with 26 ft. drawdown after 48 hrs.
" " " " " "
" " " " " "
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used CEMENT
Well sealed from land surface to 30 ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 10 in.
Number of sacks of cement used in well seal 32 sacks
Number of sacks of bentonite used in well seal 0 sacks
Brand name of bentonite _____
Number of pounds of bentonite per 100 gallons of water _____ lbs./100 gals.
Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County Marion Driller's well number _____
¼ ¼ Section 25 T. 6S R. 3W W.M.
Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found 45 ft.
Static level 24 ft. below land surface. Date 7-23-73
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 10
Depth drilled 155 ft. Depth of completed well 155 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
SOIL	0	1	
BROWN - CLAY	1	33	
11 - SAND & GRAVEL PARTLY CEMENTED	33	103	
BROWN - MED. SAND WITH SOME GRAVEL	103	107	
BLUE - CLAY SAND & GRAVEL CEMENTED	107	119	
BLACK - MED. SAND & GRAVEL	119	139	
MED. SAND & GRAVEL CEMENTED	139	153	
	153	155	

Work started 8-19-1973 Completed 7-23-1973
Date well drilling machine moved off of well 7-25-1973

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Bill Setters Date 7-25, 1973
(Drilling Machine Operator)

Drilling Machine Operator's License No. 651

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name Miller & West
(Person, firm or corporation) (Type or print)

Address 5875 GAFFIN RD. S.E.

[Signed] Harlan R. Miller
(Water Well Contractor)

Contractor's License No. 37 Date 7-25-1973

OREGON HEALTH DIVISION ONLY:

Received Date:

County Well Log ID #

9/18/00

MARI 5200

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

COMPANY /CURRENT WELL OWNER:

OWNER (S) WELL NO: #11

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: 36 TAX-LOT: 5600

Well Identification Label : L-32108

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**