

mari
53358

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

WELL I.D. # L _____
START CARD # 106209

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

(1) OWNER: Well Number _____
Name Nelson Kuenzi
Address 2075 105th AVE
City Salem State OR Zip 97305

(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 215' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
10"	0	39'	3/8 hole plug	0	39'	19 sacks	
6"	39'	215'					

How was seal placed: Method A B C D E
 Other poured & probed
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: 6"	+1	39'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-15	215'	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Skisaw
 Screens Type slots Material PVC

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner
195'	215'	1/4x4"	32		4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing
Yield gal/min 23 gpm Drawdown _____ 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: _____

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 7S N or S Range 1W E or W. WM.
Section 17 1/4 _____ 1/4 _____
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as owner

(10) STATIC WATER LEVEL:
57 ft. below land surface. Date 6-2-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
184	185'	23 gpm	57'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Clay silty, brown	1	12	
Siltstone brown	12	31	
Siltstone grey	31	184	
1 foot void	184	185	
Siltstone grey	185	215	

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SEP 10 1998
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-30-98 Completed 6-2-98
(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1619
Signed Shakled Date 7-1-98