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

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 31926 START CARD # 121164

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

(1) OWNER: Well Number Name Myron Kuenzi Address 6500 State St City Salem State OR Zip 97301

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 400. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, SEAL Material, Sacks or pounds. Rows include 14" 0' 25' Cement, 13 1/2" 25' 30', 12" 30' 112', 10" 112' 400'.

How was seal placed: Method [] A [] B [X] C [X] D [] E [] Other

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

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing (10 in +1 112 .25) and Liner (8 in +8 in 400 .188).

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row: 295 395 3/4 x 8 96

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Artesian. Yield gal/min 450 + Drawdown Drill stem at 399 Time 1 hr.

Temperature of water 54 Depth of strata 54. Was a water analysis done? [] Yes [] No. Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other.

(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 34 NE 1/4 NE 1/4. Tax Lot 00500 Lot Block Subdivision. Street Address of Well (or nearest address) 585 74th Ave SE Salem OR

(10) STATIC WATER LEVEL: 73 ft. below land surface. Date 1-28-00. Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 8 ft

Table with columns: From, To, Estimated Flow Rate, SWL. Rows: 8 8 2.5 25ft, 20 40 5 20ft, 78 84 30 25ft, 195 397 400+ 73

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Rows: Top Soil (0-2), Red + brown Clay (2-8), Decomposed basalt with broken claystone - caving (8-14), Red + brown Clay (14-30), Decomposed basalt with brown Clay (20-40), Weathered basalt with red + brown Clay (40-50), Gray basalt Firm (50-78), Red + brown cinders with weathered basalt (78-84), Black basalt (84-86), Weathered basalt (86-88), Black basalt (88-91), Gray basalt (91-163), Black basalt simi-fractured (163-177).

Date started 1-10-00 Completed 1-28-00

(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.

Signed [Signature] WWC Number 1629 Date 1-28-00

(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.

Signed [Signature] WWC Number 1273 Date 1-28-00

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

WELL I.D. # L. 31926
START CARD # 121164

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Myron Kuenzi
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 400 ft.
Explosives used Yes No Type _____ Amount _____

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

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:
Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) _____

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

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

Temperature of water _____ Depth Artesian _____
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 34 NE 1/4 NE 1/4
Tax Lot 00500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 585 74th Ave SE Salem

(10) STATIC WATER LEVEL:
73 ft. below land surface. Date 1-28-00
Artesian pressure _____ lb. per square inch. Date _____

(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 _____

Table with columns: Material, From, To, SWL
Gray basalt Simi-fractured 177 195
Weathered basalt 195 226
Black basalt soft 226 230
Fractured black basalt with claystone layers 230 266
Black basalt fractured 266 290
Weathered basalt 290 309
Soft black basalt with weathered seams 309 366
Black basalt Simi-fractured 366 378
Black basalt with fractured seams 378 392
Gray basalt very fractured 392 397
Soft gray basalt 397 400

Date started 1-10-00 Completed 1-28-00

(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.
Signed _____ WWC Number 1629
Date 1-28-00

(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.
Signed Floyd G. Sipe WWC Number 1273
Date 1-28-00

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WATER RESOURCES DEPT.
SALEM, OREGON