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STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 37326
START CARD # 128917

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

(1) OWNER: Well Number 3462
Name James Kuenzi
Address 2103 Hibbard Rd NE
City Silverton State OR Zip 97381

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18"	Cement	0	18"	19 Cement
10"	18	19	5% Bent	18	20	2 Bent
8"	19	275	Open			

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	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	19	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	0+1	275	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" 19 ft 6" Tubex 5 1/2" 12 22 1/2"

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
235	274	1/8 x 8	160			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
75+		2.60	1 hr.

Flowing Artesian Air Pump Bailer

Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? No 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 SW 1/4 SE 1/4
Tax Lot 01800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as #1

(10) STATIC WATER LEVEL:
203 ft. below land surface. Date 3/8/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found Surface 8ft
235

From	To	Estimated Flow Rate	SWL
235	273	200+	203

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(12) WELL LOG: APR 9 5 2000
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Broken Weathered Basalt	2	8	2ft
Hard Black Basalt	8	73	
Hard Grey Basalt	73	137	
Hard Grey Basalt with white strips	137	152	
Broken Grey Basalt	152	178	
Soft Grey Basalt	178	215	
Broken Grey Basalt	215	235	
Hard Grey Basalt with white strips (water)	235	243	
Broken Black Basalt	243	256	
Block fractured Vesicular Basalt	256	273	
Blue Clay	273	275	

Date started 2/29/00 Completed 3/8/00
(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 Troy Boies WWC Number 1733
By DB 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.
Signed Jordan L Boies WWC Number 561
Date 3/8/00