

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Well Number: _____

Name: Jim Zitzelberger

Address: 6731 Bush Creek Dr NE

City: Silverton State: OR Zip: 97381

(2) TYPE OF WORK:

(repair/

New Well Deepening Alteration/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 524'

Explosives Used Yes No Type: _____ Amount: _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	18	Cemt Bent	0	18	26 Sacks
15"	-18	382	Cemt Bent	-20	382	125 Sacks
12"	382	382	Bent	0	20	7Bags
10"	382	524	-	-	-	-

How was seal placed: Method A B C D E

Other Ben Poured Dry

Backfill placed from _____ to _____ Material: _____

from _____ to _____ Material: _____

Gravel placed from _____ to _____ Size of gravel: _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
26"	0	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	+2	382	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: _____

Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
750		520	1 hr.

Temperature of water 54 Depth Artesian Flow Found: _____

Was a water analysis done? _____ By whom: _____

Did any strata contain water not suitable for intended use? (explain) _____

Depth of Strata: _____

(9) LOCATION OF WELL by legal description:

County: Marion Latitude: _____ Longitude: _____

Township: 6S Range: 1W

Section: 28 NW 1/4 NW 1/4

Tax Lot: 200 Lot: N/A Block: N/A Subdivision: N/A

Street Address of Well (or nearest address) _____

Dahl Rd & Brush Creek Rd

(10) STATIC WATER LEVEL:

65 Ft. below land surface Date 3/23/02

Artesian pressure: _____ lb. per sq. in. Date: _____

(11) WATER BEARING ZONES:

Depth at which water was first found: _____

From	To	Est. Flow Rate	SWL
390	396	250	65
440	449	100	65
470	486	100	65
501	510	100	65
517	521	200	65

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Top Soil	0	3	
Clay Brown	3	32	
Gravel Large & Cobble Small	32	120	
Clay Brown	120	165	
Clay Blue Sticky	165	172	
Clay Gray Sticky	172	178	
Clay Brown	178	205	
Clay Gray	205	324	
Clay Gray Med	324	376	
Basalt Black Hard	376	390	
Weathered Basalt Brown	390	421	
Basalt Gray Hard	421	440	
Weathered Basalt Brown Green	440	449	
Basalt Hard Black	449	470	
Basalt Cinders Mix	470	486	
Basalt Hard Black	486	501	
Cinder Lava Mix Red	501	510	
Basalt Med Black	510	517	
Cinders Lava Mix Red	517	521	
Basalt Hard Gray	521	524	

RECEIVED

RECEIVED

MAY 17 2002

JAN 03 2005

WATER RESOURCES DEPT.
SALEM, OREGON

WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 12/20/01

Completed: 09/25/02

(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 Chuck Stadel

WWC Number 723

Date 4/10/02

(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 

WWC Number 723

Date 4/10/02