

WELL I.D. # L 70256

(1) LAND OWNER Well Number _____
 Name Savin & Anna Kamis
 Address 16933 NE Hwy 99 E
 City Woodburn State OR Zip 97071

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:	<u>6"</u>	<u>0</u>	<u>73'</u>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	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

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

Temperature of water _____ 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 5 N or S Range 1 E or W M.
 Section 4 NW 1/4 SE 1/4
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Well is completed in the coarse-grained, confined Willamette Aquifer</u>			
<u>Landowner indicated an estimated depth of 73'. Seal depth and perforations unknown.</u>			
<u>Well drilled by previous owner, possibly in the 1970's.</u>			

Date started _____ Completed _____

SOURCE OF DATA/INFO
Groundwater files, Application 6-16268

COMPILED BY: Amy Kim, Groundwater

L-70256

For Official Use Only by The Oregon Water Resources Department:

Received Date: 3/8/04 County Well Log ID # Well Identification Tag # L-70256

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

Name: SAVIN & ANNA KAMIS Mailing Address: 16933 NE HIGHWAY 99E City: WOODBURN State: OR Zip: 97071 Return Well Tag to (if different than mailing address): 13826 S MEYERS ROAD #1014 OREGON CITY, OR 97045 RAYMOND RIVERA - Compass Realty

WELL LOCATION INFORMATION

County: MARION Township: 05 North or South (circle one) Range: 01 East or West (circle one) Section: 04 1/4 1/4 Tax Lot #: R48669 1200 Street Address of Well (if different than mailing address): 16933 NE Hwy 99E etax acct # net a tax lot #

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): BOTH USES Date Well Constructed: Well Constructor/Company: Well Depth (in feet): Diameter of Well Casing (in inches): Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known):

Other Information:

Return to: Oregon Water Resources Department, Janet Halladey, 725 Summer St. NE, Suite A, Salem, OR 97301-1171, (503) 986-0854 or fax to 503-986-0902

App for tag