

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

(START CARD) # 138710

(1) OWNER: Well Number \_\_\_\_\_  
 Name CITY OF KEIZER  
 Address 930 CHEMANUA RD NE  
 City KEIZER State ORE Zip 97303

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  
 Other N/A

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well \_\_\_\_\_ ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
			<u>N/A</u>			

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:					<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"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method Mills Knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>107'</u>	<u>2'</u>	<u>1/2" x 2 1/2"</u>	<u>525</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**RECEIVED**

(8) WELL TESTS: Minimum testing time is 1 hour  
 APR 07 2004  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
	<u>N/A</u>	<u>A</u>	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 MALHEUR Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 7S N or S. Range 3W E or W. WM. \_\_\_\_\_  
 Section 3 SE 1/4 SW 1/4  
 Tax Lot 1700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 4335 SHORELINE DRIVE N, KEIZER, ORE

(10) STATIC WATER LEVEL:  
29 ft. below land surface. Date 03-15-04  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL
	<u>A</u>		

(12) WELL LOG:  
 Ground elevation \_\_\_\_\_  
 REFERENCE: MARI #16845

Material	From	To	SWL
<u>WELL DATA: WELL NAMED 'BURNSIDE' WELL, A 10" DIAMETER CASING 135' DEEP PERFORATED FROM 104' TO 135'. ABANDONMENT PROCEDURE: PERFORATOR SET TO 107'; SLOTS MADE FROM 107' TO 2' BGS; TREMIE PIPE SET TO 126'; A 7-SACK MIX OF CEMENT W/ SAND PUMPED THROUGH TREMIE TO -2'; CRUSHED GRAVEL FILLED TO 0'; 4 1/2 YARDS REQUIRED TO FILL HOLE</u>			

Date started MARCH 15, '04 Completed MARCH 17, '04

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 633  
 Signed Michael Waldrop Date 04-05-04