

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**  
(as required by ORS 537.765 & OAR 690-205-0210)

**WATER RESOURCES DEPT**  
**SALEM, OREGON**

WELL LABEL # L 87491  
 START CARD # 171675

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name MYRON Last Name KUENZI  
 Company \_\_\_\_\_  
 Address 6500 STATE ST  
 City SALEM State OR Zip 97301

**(2) TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 445 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	27	Cement	0	27	26	S
10	27	223	Cement	143	223	16	S
8	223	445					

How was seal placed: Method  A  B  C  D  E

Other \_\_\_\_\_

Backfill placed from 27 ft. to 143 ft. Material cement 18 sacks

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	223	.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"/>				<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"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		444	2

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**

County MARION Twp 7 S N/S Range 2 W E/W WM  
 Sec 34 NE 1/4 of the SW 1/4 Tax Lot 300  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

1074 62ND AVE NE SALEM OR

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	12-28-2007		46.5

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 150

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-20-2007	150	171	50		42
12-28-2007	269	445	300		46.5

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Top soil	0	4
Brown clay	4	10
Large broken boulders	10	17
Broken gray basalt	17	22
Red cinders basalt	22	35
Gray basalt	35	43
black basalt	43	47
Gray basalt	47	150
Broken gray basalt	150	171
Gray basalt	171	269
Semi-porous gray basalt	269	329
Medium hard gray basalt with lots of small fractures	329	445

Date Started 12-08-2007 Completed 12-28-2007

**(unbonded) Water Well Constructor Certification**

I certify that the work I performed on the construction, deepening, 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.

License Number 1629 Date 01-03-2008

Password: (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

**(bonded) Water Well Constructor Certification**

I accept responsibility for the construction, deepening, 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.

License Number 1273 Date 01-03-2008

Password: (if filing electronically) \*\*\*\*

Signed Floyd Sippe

Contact Info (optional) \_\_\_\_\_