

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

WELL LABEL # L 87493

START CARD # 171674

(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 438 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/ lbs
14	0	44	Cement	0	44	64	S
10	44	220	Cement	144	220	19	S
7.88	220	438					

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 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"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1.5	220	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	---	-------------------------------------	-----	-----	------	-------------------------------------	--------------------------	--------------------------	--------------------------

 Shoe  Inside  Outside  Other Location of shoe(s) 220  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ 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)  

200		237	2
-----	--	-----	---

Temperature 53 °F Lab analysis  Yes  No  
 Water quality concerns?  Yes (describe below)  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ units  
 FEB 12 2008  
 WATER RESOURCES DEPT  
 SALEM OREGON

(9) LOCATION OF WELL (legal description)  
 County MARION Twp 7 S N/S Range 2 W E/W WM  
 Sec 22 SE 1/4 of the SW 1/4 Tax Lot 1000  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

1048 69TH AVE NE SALEM, OR

(10) STATIC WATER LEVEL Date \_\_\_\_\_ SWL(psi) + SWL(ft)  

Existing Well / Predeepening			
Completed Well	02-05-2008		43

 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 44

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
01-31-2008	44	144	300		32
02-05-2008	290	430	200		43

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Top soil	0	3
Silty brown clay	3	22
Sticky blue gray clay	22	41
Large gravel and clay	41	44
Semi-loose small to large sand and gravel	44	71
Reddish-brown sand and gravel some large gravels	71	125
Semi-loose dark gray sand and gravel	125	143
Large gravel with blue clay	143	144
Firm brown basalt	144	204
Gray basalt	204	223
Gray basalt with green sandstone seams	223	290
Semi-weathered gray basalt	290	311
Broken brown and gray basalt caving	311	322
Weathered brown basalt	322	357
Medium gray basalt with fractured seams	357	421
Semi-porous black basalt	421	430
Gray basalt	430	438

Date Started 01-18-2008 Completed 02-05-2008

(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 02-08-2008  
 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 02-08-2008  
 Password: (if filing electronically) \*\*\*\*\*  
 Signed \_\_\_\_\_  
 Contact Info (optional) \_\_\_\_\_



WATER RESOURCES DEPT  
 SALEM OREGON

**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL					sacks/ lbs
Dia	From	To	Material	From	To	Amt	lbs	

**FILTER PACK**

From	To	Material	Size

**(10) STATIC WATER LEVEL**

Water Bearing Zones						
SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

**(11) WELL LOG**

Material	From	To

**(7) PERFORATIONS/SCREENS**

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

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

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

**Water Quality Concerns**

From	To	Description	Number	Units

**Comments/Remarks**

Inside shoe was reamed out . If pump is set below 220 ft. a 7in. OD liner should be installed.

**RECEIVED**  
**FEB 12 2008**  
**WATER RESOURCES DEPT**  
**SALEM OREGON**