STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)
Instructions for completing this report are on the last page of this form.

MARI 62437

WELL LABEL # L 93604
START CARD # 201435
ORIGINAL LOG # 193408

(1) LANDOWNER Owner Well I.D. #4
First Name _____ Last Name _____
Company CITY OF SALEM
Address 360 CHURCH ST. SE
City SALEM State OR Zip 97301

(2) TYPE OF WORK ☐ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☒ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material N
Casing Type: ☐ Steel ☐ Plastic ☐ Other _____
Casing Gauge _____ Casing Diameter N

(3) DRILL METHOD ☐ Rotary Air ☐ Rotary Mud ☐ Auger
☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other N

(4) PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other N

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well _____ ft. Special Standard: ☐ Yes (attach copy) N

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Scks/lbs

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other N
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: N/A sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

N/A

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method N
Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian N

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

Temperature _____ °F Lab analysis ☐ Yes ☐ By
Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

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SALEM, OREGON

(9) LOCATION OF WELL (legal description)
County MARION Twp 6S N or S Range 3W E or W W.M.
Sec 33 NE 1/4 of the NE 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat ___° ___' ___.___" or ___.___ DMS or DD
Long ___° ___' ___.___" or ___.___ DMS or DD
Street Address of Well (or nearest address) 5915 Windsor Island Rd. N.; KEIZER, OR 97303

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration	02-24-09			8 FEET
Completed Well				

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found N

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

N/A

(11) WELL LOG Ground Elevation _____

Material	From	To
WELL DATA; 18" CASED FROM 0'-29'		
ABANDONMENT PROCEDURE:		
4" TREMIE SET TO 27'; 5-SACK CONCRETE MIX PUMPED FROM BOTTOM UPWARD AS 18" PIPE REMOVED;		
GROUT USED - 2.5 YARDS		
CALCULATED AMT - 1.9 YARDS		

Date Started 02-24-09 Completed 02-24-09

(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 _____ Date _____
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 633 Date 02-26-09
Signed Michael Waldeaap
Contact Info. (optional)

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ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

01/02/2009