

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

WELL LABEL # L 100524
 START CARD # 204894

(1) LAND OWNER Owner Well I.D. _____

First Name Myron Last Name Kuenzi
 Company _____
 Address 6500 State Street
 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 220 ft.

BORE HOLE			SEAL		sacks/ lbs	
Dia	From	To	Material	From	To	Amt
14	0	22	Cement	0	38	24 S
12	22	38				
9.62	38	201				
6.5	201	220				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 38 ft. to 54 ft. Material Cement 3 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"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	201	.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"/>
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<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) 201
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holte
 Screens Type _____ Material _____

Perf/S	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
screen	liner					width	length	slots	pipe size
Perf	Casing		8	150	170	.2	1	1,000	
Perf	Casing		8	180	190	.2	1	400	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		200	6

Temperature 54 +/- °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 27 SE 1/4 of the SW 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

6955 State Street Salem OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	11-05-2009		53

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 19

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-27-2009	19	26			7
11-05-2009	54	218	300		53

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	3
Silty brown clay	3	14
Brown clay	14	19
Tan clay and medium to large gravel	19	25
Sand with tan and brown clay and gravel	25	26
Brown and tan clay firm	26	54
Tight brown and gray sandy gravel	54	115
Sandy brown clay and large gravel	115	124
Black sand and gravel (ash) muddy water	124	143
Sandy brown clay and gravel muddy water	143	157
Loose brown and gray sand and gravel	157	162
Tight brown and gray gravel	162	166
Porous basalt chips with soft sandy clay seams	166	172
Gray and brown clay very sandy with large gravel	172	186
Dark brown basalt with blue gray clay some gravel	186	200
Very weathered brown basalt	200	218
Dark gray basalt	218	220

Date Started 10-26-2009 Completed 11-05-2009

(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 11-09-2009
 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 11-09-2009
 Password: (if filing electronically) _____
 Signed Floyd Sepper
 Contact Info (optional) _____

RECEIVED