

MAR 6 4 14 1
RECEIVED



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

MAR 26 2012

WELL I.D. # L 106360

WATER RESOURCES DEPT
SALEM, OREGON

START CARD # 207630

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number #12
Name **City of Kelzer**
Address **930 Chemawa Rd NE**
City **Kelzer** State **OR** Zip **97307**

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well **335** ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
20	0	33	bentonite	0	5	15 sacks
16	33	122	cement	5	122	131 sacks
10	122	372				

How was seal placed: Method A B C D E
 Other **bentonite placed dry**

Backfill placed from **342** ft. to **372** ft. Material **cement grout**
Gravel placed from **335** ft. to **342** ft. Size of gravel **sand & 3/8**

Casing:	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					✓									
	10	+2	160	.250	✓					✓				
Liner:														

Drive Shoe used Inside Outside None
Final location of shoe(s) **16" @ 103' 10" @ 364' (cut off)**

(7) PERFORATIONS/SCREENS
 Perforations Method **v wire**
 Screens Type **wire wrap** Material **S.S.**

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
152	160	.010	riser	10	tele		
160	185	.070		10	tele		
185	195	.010		10	tele		
195	295	.070		10	tele		

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

Yield gal/min	Drawdown	Drill stem at	Time
900	84		25 hr

Temperature of water **55** Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom **4B Engineering**
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: **above 122 ft**

(9) LOCATION OF WELL (legal description)
County **Marion**
Tax Lot **6300** Lot _____
Township **6** S Range **3** W WM
Section **35** NE 1/4 NE 1/4

Lat _____° _____' _____" or _____ (degrees or decimal)
Long _____° _____' _____" or _____ (degrees or decimal)

Street Address of Well (or nearest address) _____
6288 17th Ave NE, Kelzer

(10) STATIC WATER LEVEL
31' 2.5" ft. below land surface. Date **03-17-12**
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found **28'**

From	To	Estimated Flow Rate	SWL
160	330	900>	31' 2.5"

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
top soil brown	0	2	
sub soil brown	2	5	
silt brown	5	18	
sandy silt brown	18	28	
gravel with silt brown	28	29	
silt brown	29	33	
gravel with silt	33	44	
silt brown	44	47	
gravel w/silt some loose streaks	47	91	
cemented gravel	91	103	
clay grey dense	103	111	
clay grey green	111	114	
sticky grey clay	114	117	
clay grey	117	127	
gravel & sand grey	127	139	
cont. page 2			

Date Started **12-8-11** Completed **3-19-12**

(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.

WWC 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.

WWC Number **688** Date **3-20-12**

Signed *Steven M. Stadel*

MARI 64141
RECEIVED

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

MAR 26 2012

WELL I.D. # L 106360

WATER RESOURCES DEPT
SALEM, OREGON

START CARD # 207630

Instructions for completing this report are on the last page of this form

(1) LAND OWNER Well Number #12
Name City of Kelzer - PAGE 2
Address 930 Chemawa Rd NE
City Kelzer State OR Zip 97307

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

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

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

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	

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 _____

Casing:	Diameter	From	To	Gauge	Steel			
					Plastic	Welded	Threaded	
					<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"/>	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
 Perforations Method **v wire**
 Screens Type **wire wrap** Material **S.S.**

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
295	313	.010		10	tele	<input type="checkbox"/>	<input type="checkbox"/>
313	330	.100		10	tele	<input type="checkbox"/>	<input type="checkbox"/>
330	335	.010	tail	10	tele	<input type="checkbox"/>	<input type="checkbox"/>
s.s	bottom	plate	&double	K	packer	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time

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 (legal description)
County Marion
Tax Lot 6300 Lot _____
Township 6 S Range 3 W WM
Section 35 NE 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) _____
6288 17th Ave NE, Kelzer

(10) STATIC WATER LEVEL
_____ ft. below land surface. Date _____
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
cont. from page 1			
grey sand & gravel more cmtd	139	163	
sand & gravel brown with clay	163	186	
clay brn sandy occasional gravel	186	195	
brown sand & gravel with clay	195	216	
sand & gravel brown loosely	216		
cemented with brown clay some			
intermittent grey clay binder		297	
clay grey	297	313	
sand & gravel grey	313	331	
grey clay	331	333	
sand with gravel grey cemented	333	336	
sand grey med to fine cemented	336		
layered with silt packed		341	
silt brown	341	343	
cont. page 3			

Date Started **12-8-11** Completed **3-19-12**

(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.

WWC 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.

WWC Number **068** Date **3-20-12**
Signed *Stover M. Stach*

