

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

MARI 64332

Wri 64552

WELL LABEL # 101379  
START CARD # 1017183  
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.  
First Name JEFF Last Name RUIZ  
Company \_\_\_\_\_  
Address 10855 PORTLAND Rd N.E  
City SALEM State OR Zip 97305

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

(2a) PRE-ALTERATION: Well Depth 127 ft.  
Seal Material Bentonite Chip  
Casing Type:  Steel  Plastic  Other  
Casing Gauge 250 Casing Diameter 10"

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

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

(5) BORE HOLE CONSTRUCTION  
Depth of Completed Well 127 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
14	0	40	Bentonite	0	40	43	<input checked="" type="checkbox"/>
10	40	127					

How was seal placed: Method  A  B  C  D  E  
 Other Poured DRY  
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: \_\_\_\_\_ sacks/lbs

(6) CASING/LINER

Csn#	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
40	✓	10	2 1/2	40	250	✓			✓	
	✓	8	0	127	250	✓			✓	

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

(7) PERFORATIONS/SCREENS  
Perforations Method Factory 340 1/4 x 4  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
19	2		2 hrs

Temperature 57 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
County MARION Twp 6 N of S Range 2 E of W.M.  
Sec 8 NE 1/4 of the NE 1/4 Tax Lot R15350  
Tax Map Number 062W08 003000  
Lat \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 4896 Waconda Rd NE KEIZER, OR 97303

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well <u>127</u>	<u>8/2/12</u>	<u>200</u>		<u>29</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 108

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>8-1-12</u>	<u>108</u>	<u>127</u>	<u>300</u>			<u>29</u>

(11) WELL LOG Ground Elevation 1345

Material	From	To
TOP SOIL	0	3
BROWN CLAY	3	14
BLUE FINE CLAY	14	49
COURSE BLACK GRAVEL	49	54
FINE BLUE CLAY	54	68
COURSE GRAVEL	68	79
FINE BLUE CLAY	79	108
FINE BLACK SAND AND GRAVEL WB	108	127

Date Started 7/23/12 Completed 8-2-12

(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 are true to the best of my knowledge and belief.

License Number \_\_\_\_\_ SEP 19 2012

Signed \_\_\_\_\_ SALEM, OR

(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 570 Date 8-24-2012

Signed \_\_\_\_\_  
Contact Info. (optional)

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License Number 570 Date 8-24-2012  
Signed [Signature]  
Contact Info. (optional) \_\_\_\_\_