

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

WELL I.D. LABEL# L 32108
START CARD # 212555
ORIGINAL LOG # MARION 5200

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company City of Keizer _____
Address 930 Chemawa Rd NE
City Keizer State OR Zip 97307

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(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 Abandonment (none)

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 0 ft.
BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
Cement _____ Calculated _____
_____ Calculated _____

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Mills Knife
Screens Type _____ Material _____
Perf/ Casing/ Screen Scm/slot Slot # of Tele/
Screen Liner Dia From To width length slots 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)
Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MARION Twp 6 S N/S Range 3 W E/W WM
Sec 36 NE 1/4 of the NW 1/4 Tax Lot 5600
Tax Map Number 06 3W 36 BD Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
6180 Lauderback St NE, Keizer, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 06-27-2017 _____ + 38
Completed Well 06-30-2017 _____ + _____
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 38
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation _____
Material From To
No Drilling - Abandonment only
Removed pump and perforated 10" casing from bottom to 7' from surface where perforator met refusal. Installed a total of 882 ea of 1/2" x 3" perforations:
Pumped 101 sacks of cement grout from bottom to the level with the building cement floor. The casing was cut off flush with the cement floor.
RECEIVED BY OWRD
JUL 05 2017
SALEM, OR

Date Started 06-27-2017 Completed 06-30-2017

(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 1988 Date 06-30-2017
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 649 Date 06-30-2017
Signed _____
Contact Info (optional) _____