

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

MARI 67822

4/9/2018

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

126713

1034503

(1) LAND OWNER

Owner Well I.D. _____

First Name PAUL Last Name KUSCHNICK

Company _____

Address 7811 STRATFORD DRIVE N.E.

City SALEM State OR Zip 97305

(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 _____**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)

Depth of Completed Well 232.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
14	0	84	Cement w/5% Bentonite	0	84	87	S
10	84	232				Calculated	23.9
						Calculated	

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

Backfill placed from 230 ft. to 232 ft. Material CEMENT

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

☒	☐	10	☒	2	232	.250	☒	☐	☒	☐	
☐	☐		☐				☐	☐	☐	☐	
☐	☐		☐				☐	☐	☐	☐	
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☐	☐		☐				☐	☐	☐	☐	
☐	☐		☐				☐	☐	☐	☐	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 232Temp casing ☒ Yes Dia 14 From + 0 To 76.5**(7) PERFORATIONS/SCREENS**

Perforations Method Mills Knife

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	10	196	205	.375	2	190	

(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	118	150	4

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 217 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 5.00 S N/S Range 2.00 W E/W WM

Sec 36 NE 1/4 of the SE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 45.09173000 DMS or DD

Long _____ " or -122.87170000 DMS or DD

☒ Street address of well ☐ Nearest address

9344 MT ANGEL GERVAIS ROAD N.E. GERVAIS, OREGON 97026

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	3/28/2018			25.5

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**

Depth water was first found 16.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/17/2017	16	37	20			7
3/28/2018	100	232	300			25.5

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	5
Brown clay with silt	5	16
Brown silt	16	37
Brown clay with silty sand layers	37	58
Firm brown silty sand with some gravels	58	66
Gray clay	66	76
Fine gray sand	76	84
Fine gray sand with soft gray silt	84	96
Sand and green clay	96	100
Tight fine gray sand	100	105
Medium to large gravel with sand	105	123
Sandy clay green	123	124
Sandy clay gray	124	137
Cemented sand and gravel	137	149
Sand some gray clay	149	151
Cemented sand	151	153
Sandy gray clay	153	165
Clay sand and gravel	165	181
Green and gray clay	181	187

Date Started 5/17/2017 Completed 3/28/2018

(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 4/2/2018

Signed JAMES GUNN (E-filed)

(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 4/9/2018

Signed FLOYD SIPPEL (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
									
									
									
									
									
									
									
									
									
									

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]