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JUN 02 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 41188
START CARD # 128554

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

(1) OWNER: Well Number _____
Name ROBERT DORSZYNSKI
Address 6446 13TH AVE SE
City SALEM State OR Zip 97306

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	63	CEMENT	1	63	20 SACKS
6	63	200	BENT	0	1	1 SACK

How was seal placed: Method A B C D E
 Other POURED BENT. IN DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	63	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	0	200	200 psi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 63'

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	200	1/8x3	40	4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
16		200	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 50 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 by legal description:
County MARION Latitude _____ Longitude _____
Township 8S N or S Range 3W E or W. WM.
Section 21 SE 1/4 NE 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
353 REES HILL RD. SE, SALEM, OR

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 5-26-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
50	55	4	N/A
100	160	16	65

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	1	
BROKEN ROCK	1	6	
BASALT GREY SEMI-FRAC	6	25	
BASALT HARD GREY	25	71	
BASALT GREY W/WEATHERING	71	80	
CLAYSTONE GREY HARD	80	83	
BASALT GREY W/SOME WTHRG	83	97	
BASALT DARK GREY	97	183	
BASALT LIGHT GREY	183	200	

Date started 5-23-00 Completed 5-26-00

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed Bun Battadi WWC Number 1358
Date 6-1-00

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Signed Steven N. Stadel WWC Number 688
Date 6-1-00