

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

Clack
20472

035/02E/33

(START CARD) # *67806*

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

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(1) OWNER: Well Number _____
 Name *Brad & Debbie Snyder*
 Address *16267 S. Oak Tree Terrace*
 City *Ore. City* State *Or* Zip *97045*

(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 *115* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
<i>10</i>	<i>0</i>	<i>59</i>	<i>Portland</i>	<i>0</i>	<i>39</i>
<i>6</i>	<i>59</i>	<i>115</i>			

Sacks or pounds *22*

How was seal placed: Method A B C D E
 Other *Topped off w/ Bentonite*
 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:	<i>6</i>	<i>+1</i>	<i>59</i>	<i>250</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>4</i>	<i>51</i>	<i>115</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) *59'*

(7) PERFORATIONS/SCREENS:

Perforations Method *saw*
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>51</i>	<i>115</i>	<i>3/16</i>	<i>46</i>	<i>4</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Pump	Bailer	<input checked="" type="checkbox"/> Air	Flowing
	Yield gal/min	Drawdown	Drill stem at	Artesian
	<i>10</i>			<input type="checkbox"/>

Temperature of water *55°* 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 *Clack* Latitude _____ Longitude _____
 Township *3* N or S Range *2* E or W. WM.
 Section *33* 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) *23200 SE Hwy 213*

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date *8-12*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found *88*

From	To	Estimated Flow Rate	SWL
<i>88</i>	<i>110</i>	<i>10</i>	<i>27</i>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<i>Boulders</i>	<i>0</i>	<i>2</i>	
<i>Clay</i>	<i>2</i>	<i>19</i>	
<i>Clay brown sandy</i>	<i>19</i>	<i>34</i>	<i>27</i>
<i>Rock</i>	<i>34</i>	<i>44</i>	
<i>Claystone brown</i>	<i>44</i>	<i>88</i>	
<i>Weather rock brown</i>	<i>88</i>	<i>110</i>	
<i>Rock</i>	<i>110</i>	<i>115</i>	

AUG 24 1995
 WALKER & ASSOCIATES
 SALEM, OREGON

Date started *8-11-95* Completed *8-12-95*

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number *1229*
 Signed *Shawn C. [Signature]* Date *8-12-95*