

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

RECEIVED

SEP 21 1995

(START CARD) # 09S/040/14AA
55039

POIK
4247

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

(1) OWNER: Well Number _____

Name Dennis King
 Address 9730 Hollman Rd
 City Independence State Or Zip 97351

(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 85 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	20	cement	0	20	32
12	2 1/2	68	steel			
12	68	85	open hole			

How was seal placed: Method A B C D E
 Other _____
 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: 12	2 1/2	68	3/12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 68

(7) PERFORATIONS/SCREENS:

Perforations Method torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
45	65	1/4 x 1/4	200	12		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	2		1 hr.

Temperature of water 52 Depth Artesian Flow Found _____
 Was a water analysis done? No Yes By whom _____
 Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

LOCATION OF WELL by legal description:

County Polk Latitude _____ Longitude _____
 Township 9S N or S Range 4W E or W. WM. _____
 Section 14 NE 1/4 NE 1/4 _____
 Tax Lot 70 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 9730 Hollman R Independence Or

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 8-16-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
35	67	600+	25

(12) WELL LOG: Ground Elevation 300

Material	From	To	SWL
Top Soil	0	4	
Clay Brown sandy	4	20	
Clay Brown compact	20	30	
Sand Brown fine	30	35	
Gravel med Brown hard	35	67	25
Clay Gray hard sticky	67	80	
Clay Gray sticky	80	90	

Date started 8-1-95 Completed 8-16-95

(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 610
 Signed Bob Scheler Date 8-16-95