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78/4w/35  
 55612

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

WATER RESOURCES DEPT  
 SALEM, OREGON

(START CARD) # 55612

**(1) OWNER:** Well Number \_\_\_\_\_  
 Name Dave Setniker  
 Address 1530 Independence Hwy  
 City Independence State OR Zip \_\_\_\_\_

**(2) TYPE OF WORK:**  
 New Well    Deepen    Recondition    Abandon

**(3) DRILL METHOD:**  
 Rotary Air    Rotary Mud    Cable  
 Other \_\_\_\_\_

**(4) PROPOSED USE:**  
 Domestic    Community    Industrial    Irrigation  
 Thermal    Injection    Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval  Yes  No   Depth of Completed Well 43 ft.  
 Explosives used  Yes  No   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	19	Cement	0	19	10+bent.
12	19	42				

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 in	1	42	250	<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) 42 ft.

**(7) PERFORATIONS/SCREENS:**  
 Perforations   Method Mills Knife  
 Screens   Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
27	37	3/8x24	200			<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
90	1 ft		2 hr.

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 Polk   Latitude \_\_\_\_\_   Longitude \_\_\_\_\_  
 Township 7-5   N or S. Range 4-W   E or W. WM. \_\_\_\_\_  
 Section 35   1/4 \_\_\_\_\_   1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_   Lot \_\_\_\_\_   Block \_\_\_\_\_   Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Same as #1

**(10) STATIC WATER LEVEL:**  
10-6 ft. below land surface.   Date 8-9-93  
 Artesian pressure \_\_\_\_\_ lb. per square inch.   Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 27

From	To	Estimated Flow Rate	SWL
27	37	750	10.6

**(12) WELL LOG:**   Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	2	
Brown Sticky clay	2	11	
Brown Sandy clay	11	17	
Blue Clay	17	19	
Brown clay Gravelwood	19	27	
Loose Sand + Gravel	27	37	10.6
Gray Clay	37	42	

Date started 7-31-93   Completed 8-10-93

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I performed on the construction, alteration, or abandonment during this time is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed Wayne C. Smith   WWC Number 175   Date 8-10-93

**(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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed Floyd R. Seppel   WWC Number 1223   Date 8-12-93