

#66

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

POIK
081

RECEIVED

7S/4W/35 Cd

OCT 31 1990

(START CARD) # W-17637

(1) OWNER: Well Number: _____
 Name David Setniker
 Address PO Box 338
 City Independence State OR Zip 97351

(9) LOCATION OF WELL by legal description:
 WATER RESOURCES DEPT. SALEM, OREGON
 City POIK Latitude _____ Longitude _____
 Township 7-S N or S, Range 4-W E or W, WM.
 Section 35 SE ¼ SW ¼
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1530 Independence Hwy Independence OR 97351

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	18	Cement	0	18	11

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	12	+1	43.5	.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) 43.5

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	40	3/8x2 1/2	310			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input 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
100 gpm	1.5 ft		1 hr.
700	6 ft		??

 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: _____

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 10-5-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 20 ft

From	To	Estimated Flow Rate	SWL
20	40		13

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown silty clay	2	5	
Black clay	5	8	
Dark gray clay	8	12	
Brown clay	12	17	
Sandy gray clay	17	20	
Gravel + sand	20	23	13
Gravel with a little gray clay	23	25	13
loose gravel	25	40	13
Hard gray clay	40	43	

Date started 9-29-90 Completed 10-5-90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____ WWC Number _____

(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 M. Spive WWC Number 1273
 Date 10-6-90