

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

RECEIVED

(START CARD) # W-17638

(1) OWNER:

Name David Setniker
 Address PO Box 338 Independence
 City Independence State OR

Well Number OCT 31 1990

(9) LOCATION OF WELL by legal description:

County Polk Latitude _____ Longitude _____
 Township 7-S N or S, Range 4-W E or W, WM.
 Section 35 NW 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 40 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	18	Cement	0	18	12 + bentonite
12	18	40				

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:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	1	40	.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) 40

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
27	36	3/8 x 2 1/2	190			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 100 Drawdown 1.5 Drill stem at _____ Time 1 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: _____

(10) STATIC WATER LEVEL:

13 ft. below land surface. Date 10-12-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
19	36	500 +	13

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	2	
Brown Clay	2	8	
Sandy brown clay	8	15	
Sand - dirty packed with clay	15	19	
Loose sand + gravel	19	23	13
Gravel + Sand - brown	23	27	13
Gravel + Sand with some clay	27	36	13
Gray Clay	36	40	

Date started 10-6-90 Completed 10-12-90

(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 _____ WWC Number _____
 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Lloyd A. Dippie WWC Number 1273
 Date 10-13-90