

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

Polk 087

WATER RESOURCES DEPT. SALEM, OREGON

95/4w/14 dc
 16908
 (START CARD) #

(1) OWNER: NINA WELLS Well Number: 0661
 Name NINA WELLS
 Address 10420 WELLS LANDING RD.
 City INDEPENDENCE State ORE Zip 97131

(9) LOCATION OF WELL by legal description:
 County POLK Latitude _____ Longitude _____
 Township 9S N or S. Range 4W E or W, WM. _____
 Section 14 SW SE
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 10420 WELLS LANDING RD.

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0' 18'	PORT. CEMENT	0' 18'	23 SKS
12"	18' 53'			

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"	4'	53'	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) 54'

(7) PERFORATIONS/SCREENS:

Perforations Method MILL'S KNIFE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
27'	45'	3/8" x 2 1/4"	407			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 120 Drawdown 40.5' Drill stem at _____ Time 4 hrs

Temperature of water 54° 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:
21.5 ft. below land surface. Date 10-30-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
27'	45'	120 GPM	21.5'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
BROWN SANDY CLAY w/ SMALL-MEDIUM GRAVEL	0'	6'	
BROWN CLAY w/SAND	6'	9'	
BROWN SAND, FINE-COARSE, w/SOME BROWN CLAY + GRAVEL	9'	12'	
SMALL-LARGE GRAVEL w/ BROWN CLAY + SAND	12'	15'	
SMALL-MEDIUM GRAVEL, SAND-BROWN-TIGHTER	15'	27'	
SMALL-LARGE GRAVEL, SAND, BROWN-FORMATION LOOSER-WATER NOTICED @ 30'	27'	38'	21.5'
SMALL-LARGE GRAVEL-SAND, BLACK-WATER BEARING	38'	43'	
SAND, GRAVEL w/SOME BLUE CLAY	43'	45'	21.5'
BLUE-GRAY CLAY-DENSE	45'	53'	

Date started OCT. 12, 1990 Completed NOV. 10, 1990

(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 Michael Waldrop WWC Number 633 Date 11-10-90