

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

CLAC
 52275

AUG 27 1987

WATER RESOURCES DEPT.
 SALEM, OREGON

491E-28da

(1) **OWNER:** Owner's Well Number: _____
 Name Yule Tree Farm
 Address 12704 Ehlen Rd. N.E.
 City Aurora State OR. Zip 97002

(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:**
 Depth of Completed Well 352 ft.
 Special Standards date of approval _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	0	18	Cement	0	18	18 sacks
10	18	352				

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:	10	+1	352	.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) 352

(7) **PERFORATIONS/SCREENS:**

Perforations Method Air
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43	251	1/8x2	700			<input checked="" type="checkbox"/>	<input type="checkbox"/>
284	312	1/8x2	1300			<input checked="" type="checkbox"/>	<input type="checkbox"/>
337	352	1/8x2	950			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
700	101		
700	104		1 hr
680	123		24 hr.

Temperature of water _____ 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 Clackamas Latitude _____ Longitude _____
 Township 4 N or S, Range 1 E or W, WM.
 Section 28 NE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
8804 S. Heinz Rd., Canby, OR. 97013

(10) **STATIC WATER LEVEL:**
45 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WELL LOG:** Ground elevation _____

Material	From	To	WB?	SWL
Top Soil	0	1		
Clay	1	40		
Sandy Clay	40	56		
Clay	56	87		
Gravel	87	102		
Clay	102	132		
Sand	132	165	X	45
Clay	165	212		
Sand	212	220	X	45
Clay	220	239		
Sand	239	241	X	45
Clay	241	242		
Sand	242	251	X	45
Clay	251	284		
Sand	284	312	X	45
Clay	312	337		
Sand	337	352	X	45

Date started 5-19-87 Completed 7-30-87

(unbonded) **Water Well Constructor Certification:**
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) **Water Well Constructor Certification:**
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed David Donnelly Date 8-24-87

Company Donnelly Drilling Co. Co. Job No. _____