

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

YAMH
1704

RECEIVED

APR 20 1992

(START CARD) # **35/3W/22CC**
37905

(1) OWNER:

Name **Mr + Mrs John Meyer** Well Number: **WATER RESOURCES**
 Address **18350 N.E Fairview Dr.** County **Yamhill** Latitude _____ Longitude _____
 City **Dundee** State **OR** Zip **97115** Township **35** Nor S. Range **3W** E or W. WM. _____
 Section **22** SW 1/4 SW 1/4

(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 **392** ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount bags or pounds
Diameter	From	To	Material	From	To	
10 7/8"	0	24	Cement	0	24	Sacks
6"	24	392				

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	6	+1	24	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4	0	392	160PSA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method **9/8" circular dull holes**
 Screens Type **Electric Dull** Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
352	392		160	9/8" circular		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian
 Yield gal/min **25** Drawdown _____ Drill stem at **392** Time **4** hr.

Temperature of water **51** 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 **Yamhill** Latitude _____ Longitude _____
 Township **35** Nor S. Range **3W** E or W. WM. _____
 Section **22** SW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Same as Owners**
 Address _____

(10) STATIC WATER LEVEL:

225 ft. below land surface. Date **April 12, 92**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **250 36 p.m.**

From	To	Estimated Flow Rate	SWL
322	323	56 p.m.	
378	382	170 p.m.	

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	3	
Brown clay	3	9	
Brown decomposed clay	9	14	
Brown Basalt	14	250	
Brown + Blue Basalt	250	258	
Fractured	250	258	
Brown + Red Basalt soft	258	322	
Blue + Brown Basalt	322	363	
Brown + Red Basalt	363	378	
Blue + Red Basalt	378	382	
Hard Blue Basalt	382	392	

Date started **April 7 92** Completed **April 18 92**

(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.

WWC Number _____
 Signed _____ 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.

WWC Number **765**
 Signed **James H. Wilcox** Date **April 16 92**