

3s/3w/27aa

JUL - 2 1992

40502

(START CARD) #

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

(1) OWNER: MILO M FOX Well Number 1303

Name MILO M FOX Address 9650 NE FOX LN City DUNDEE State OR Zip 97115

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 202 Explosives used [] Yes [X] No Type X Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Row 1: 10, 0, 38, CEMENT, 0, 38, 12 SAX. Row 2: 6, 38, 202

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other

Backfill placed from ___ ft. to ___ ft. Material ___ Gravel placed from ___ ft. to ___ ft. Size of gravel ___

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 6, +2, 38, .25, [X], [X], [X], [X]. Liner: 4, 2, 202, 160#, [X], [X], [X], [X]

(7) PERFORATIONS/SCREENS: [X] Perforations Method SAW Type Material [] Screens

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Row 1: 162, 202, 6", 80, [], [], [], [X]

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 22.00, [], 202, 1 hr.

Temperature of Water 52 Depth Artesian Flow Found ___ Was a water analysis done? [] Yes [] No 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 YAMHILLE Latitude Longitude Township 3 S N or S. Range 3 W E or W. WM. Section 27 NE 1/4 NE 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) 9650 NE FOX LN DUNDEE

(10) STATIC WATER LEVEL: 48 ft. below land surface. Date 06/29/92 Artesian pressure ___ lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 171, 191, 22, 48

(12) WELL LOG: Ground elevation ___

Table with columns: Material, From, To, SWL. Rows: TOP SOIL (0-2), RED CLAY (2-16), BROWN CLAY (16-29), DECAYED BASALT (29-31), HARD GRAY BASALT (31-130), GRAY BASALT W/SOME DECAY (130-139), HARD GRAY BASALT (139-171), BROWN DECAYED BASALT (171-191), HARD GRAY BASALT (191-202)

Date started ___ Completed 06/29/92

(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. Signed David J. Payne WWC Number 1438 Date 06/29/92

(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 Robert Schilb WWC Number 417 Date 6-29-92



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

**Application for
 Well ID Number**

RECEIVED

MAR 31 2023

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Anna Sweet, Artist Block Wine
 Mailing Address: 9650 NE Fox LN
 City, State, Zip: Dundee, OR 97115
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Anna Sweet, 825 SW View Crest Drive
 City, State, Zip: Dundee, OR 97115

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 3 S (North / South) Range: 3 W (East / West) Section: 27 NE 1/4 of the NE 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 401 County Yamhill
 GPS Coordinates: _____
 Street Address of Well, City: 9650 NE Fox Ln, Dundee
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic
 Date Well Constructed (or property built): _____ Total Well Depth: 202 ft Casing Diameter: 6'
 Owner at time the well was constructed (if known): Milo Fox Well Report # (if known): _____
 Other Information: _____

SUBMITTED BY (please print): Carrie Niskanen
 PHONE: 206-601-3331 EMAIL &/or FAX: carrieniskanen@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
3-31-2023

Well Report Number:
YAMH 1774

Well Identification #:
L-151408