

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

DEC 26 1986

RECEIVED 38-2296

YAMHILL SEC G-12120
2385

35/2W-16 A

(1) OWNER: **OXBERG**
Name **OXBERG**
Address **P.O. BOX 467**
City **NEWBERG** State **OREG** Zip **97132**

WATER RESOURCES DEPT.
1900 N. OREGON

(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

BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☐ Depth of Completed Well **200** ft.
Explosives used ☐ Yes ☒ No ☐ Type _____ Amount _____

HOLE		SEAL		Amount	
From	To	Material	From	To	sacks or pounds
0	139	CEMENT	0	30	20
139	200				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from **30** ft. to **139** ft. Size of gravel **3/4" to 1/4"**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+1	162	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6	160	200	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
162		200		475	1/4"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
162		200		160	1/4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
45	50		1 hr.

Temperature of water _____ 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 **YAMHILL** Latitude _____ Longitude _____
Township **35** N or S, Range **2W** E or W, WM.
Section **16** 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **4100 E. CRESTVIEW, NEWBERG, OREGON**

(10) STATIC WATER LEVEL:

29 ft. below land surface. Date **12/11/86**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
50	200	45	29

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	25	
SOFT DECOMPOSED BROWN ROCK WITH CLAY STREAKS	25	152	29
SOFT BROWN ROCK	152	172	29
BROWN CLAY	172	178	29
SOFT BROWN ROCK	178	200	29

Date started **11/26/86** Completed **12/11/86**

(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 **CE Keller** WWC Number **462**
Date **12/24/86**