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STATE OF OREGON

OCT 04 1993

YAMHILL 2925

38/3w/35dc 52440

WATER WELL REPORT WATER RESOURCES DEPT. SAI FM. OREGON

(START CARD) # 52440

(1) OWNER: Wis Adair Well Number \_\_\_\_\_ Name Address 1315 S. Sherwood Blvd. City Sherwood State OR Zip 97140

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 656 ft. Explosives used [ ] Yes [X] No Type \_\_\_\_\_ Amount \_\_\_\_\_

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Rows show cement seal at 10-80, 8-420, and 6-656 feet.

How was seal placed: Method [ ] A [ ] B [X] C [X] 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. Shows casing and liner details.

Final location of shoe(s) 420

(7) PERFORATIONS/SCREENS: [ ] Perforations Method \_\_\_\_\_ [ ] Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Table for perforations/screens with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes checkboxes for Pump, Bailer, Air, Flowing Artesian.

Temperature of Water ~54°F 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 N or S. Range 3W E or W. WM. Section 35 SW 1/4 of SE 1/4 Tax Lot 4300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Street Address of Well (or nearest address) 21425 NE Fulquartz Landing Rd, Dundee, OR 97115

(10) STATIC WATER LEVEL: 39 ft. below land surface. Date 9/24/93 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES: Depth at which water was first found trace amounts expected at approximately 34'

Table for water bearing zones with columns: From, To, Estimated Flow Rate, SWL. Shows flow from 195-311 and 420-656 feet.

(12) WELL LOG: Ground elevation approx. 150

Table for well log with columns: Material, From, To, SWL. Lists soil and rock layers from top soil to basalt.

Date started 9/9/93 Completed 9/24/93

(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. Signed [Signature] WWC Number 1367 Date 9/30/93

(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. Signed [Signature] WWC Number 649 Date 9/30/93

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.765) WATER RESOURCES DEPT.  
 SALEM, OREGON

OCT 04 1993

YamH  
2925

3s/3w/35dc

(START CARD) # 52440

**(1) OWNER:** Well Number \_\_\_\_\_  
 Name Wis Adair  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(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 \_\_\_\_\_ ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE Diameter	From		To	SEAL Material	From		To	Amount sacks or pounds

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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: \_\_\_\_\_ **SEI 9317**

**(9) LOCATION OF WELL by legal description:**  
 County \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township \_\_\_\_\_ N or S. Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
 Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

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

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
continuation of log:			
Basalt, black, some frac, m-h	439	446	
Basalt, gray, frac, m-h	446	492	
Basalt, gray, some frac, hd	492	517	
Basalt, brn, bkn, med	517	522	
Basalt, gray, frac, m-h, some ves	522	535	
Basalt, gray, frac, hard	535	539	
Basalt, gray, frac, some ves, m-h	539	580	
Basalt, gray, frac, m-h	580	619	
Basalt, gray, frac, med, some cs	619	626	
Basalt, gray, frac, m-h	626	656	

Date started \_\_\_\_\_ Completed \_\_\_\_\_

**(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 \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_