

STATE OF OREGON ¹⁶
WATER WELL REPORT
 (as required by ORS 537.765)

RECEIVED
 YAMHILL 3865
 APR 17 1995

3s/2w/18cd

(START CARD) # 71086

WATER RESOURCES DEPT.

(1) OWNER: Well Number 95-425 SALEM
 Name Jeff & Deona Twenge
 Address 213 Sunset Dr.
 City Newberg State OR Zip 97132

LOCATION OF WELL by legal description:
 County Yamhill Latitude _____ Longitude _____
 Township 3s N or S. Range 2w E or W. WM.
 Section 18 se 1/4 sw 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2340 hwy 240
Newberg

(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 350 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	20	Bentonite	0	20	15 sks
6	20	310				
8	310	315	cement	310	315	3 sks
6	315	350				

How was seal placed: Method A B C D E
 Other Poured & Probed bent, Method E cement
 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: 6	+1	315	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	290	350		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 315.5

(7) PERFORATIONS/SCREENS:
 Perforations Method skil saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipè # size	Casing	Liner
292	347	6"	60	1/8"		<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
30	25		1 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: _____

(10) STATIC WATER LEVEL:
124.5 ft. below land surface. Date 3/27/95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 322

From	To	Estimated Flow Rate	SWL
322	350	30+	124.5

(12) WELL LOG: Ground elevation 125

Material	From	To	SWL
Topsoil	0	3	
Clay tan sticky	3	45	
Clay orange	45	50	
Clay brwn	50	59	
Clay orange	59	94	
Clay brwn	94	165	
Clay green/gray	165	178	
Claystone gray/green soft	178	180	
Claystone gray soft caving	180	310	
Sandstone gray hard	310	322	
Sandstone gray coarse mh	322	333	124.5
Sandstone gray med mh	333	350	

Date started 12/15/94 Completed 3/27/95

(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 Tom Bryant WWC Number 703
 Date 3/27/95

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 12-10-94
Date Hand-delivered 10
Watermaster Initials JW

W 71086 / 119746
WRD Receipt
Date Fee Received 12-13-94

Check No. _____

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A \$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used to obtain water (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work; or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the day work is commenced. If this method is used, the original "Watermaster copy" of this notice shall also be mailed or delivered to the office of the district watermaster no later than the day work is commenced. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address: JEFF & Deona Twenge
213 SUNSET DR
Newberg, OR 97132

DEC 17 1994

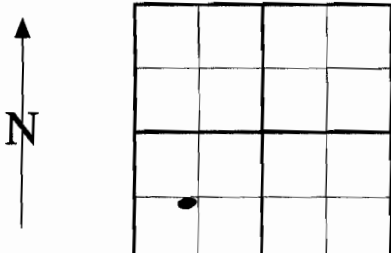
Check type of work: Fee Required New construction Conversion
No Fee Required Alteration (Repair/Recondition) Deepening Abandonment
Original Start Card Number _____

Proposed Commencement Date 12/30 Existing or Proposed Well Depth 200' Diameter 6"

Check Use: Domestic Community Industrial Irrigation Monitoring
 Thermal Injection Other

Proposed Well Location: County Yamh, 11 Owner's Well Id. No. _____

Township 3s (N or S) Range 2w (E or W) Section 18



1. SE 1/4 of SW 1/4 of above section

2. Street address of well location _____

3. Tax lot number of well location 3218 CC 100+102

4. Attach map with location identified.
See reverse of this form for approved maps.

5. Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

Owner's signature or authorized agent _____

Tom Bryant
Bonded Water/Monitor Well Constructor
License No. 703

Home phone _____ Work phone _____

Company Bryant Well Drilling & Pump

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.