

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

JUN 28 1996

50174

WELL I.D.# LO 2435

(START CARD) # 89126

Instructions for completing this report are on the back of this form.

(1) OWNER:

Well Number _____

Name Mr. & Mrs. Fred Benoit
Address Mineral Springs
City Carlton State Or. Zip 97111

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 300 ft.

Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
11"	0	33	Bentonite	0	33	14	
6"	33	300					

How was seal placed: Method A B C D E

Other Bentonite (Poured Slowly)

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	33	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	300	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Electric Drill

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	180		75	5/8"	Circular	<input type="checkbox"/>	<input checked="" type="checkbox"/>
280	300		75	5/8"	Circular	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8	Air Lift	300'	1 hr
8	Pump at 280'		

Temperature of water 53° 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 44 E or W. WM.
Section 36 SW 1/4 SW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6580 N.E. Mineral Springs Rd. Carlton

(10) STATIC WATER LEVEL:

62 ft. below land surface. Date 6/19/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 92

From	To	Estimated Flow Rate	SWL
92	94	3	62
188	190	2	62
245	247	3	62

(12) WELL LOG:

Ground Elevation Approx. 400'

Material	From	To	SWL
Topsoil	0	2	
Brown + yellow Decomposed Clay.	2	13	
Brown + Red Decomposed Clay.	13	26	
Firm Gray Sandstone	26	83	
Firm Gray Shale w/ layers of white + green limestone (possible caving conditions.)	83	300	

Date started 6/15/96 Completed 6/19/96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Not Appl. 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Randall J. Wilcox WWC Number 795 Date 6/21/96