

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

YAMH 50376
 YAMH 8047

OCT 30 1995 055/066/29 DD

WATER RESOURCES DEPARTMENT (START CARD) # 81517

SALEM, OREGON

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name DELPHIAN SCHOOL
 Address 20950 ROCK CR RD.
 City SHERIDAN State OR Zip _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	BENMINIA	0	20	8 1/2 SACKS
6"	20	52				
8"	52	59	CEMENT			
6"	59	260				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 6"	71	59	250	2		4		
Liner:								

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele pipe size	Material	Casing	Liner
/								

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
4		260	1 hr.

Temperature of water 55 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 5 S N or S Range 6 W E or W. WM.
 Section 29 SE 1/4 SE 1/4
 Tax Lot 207 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 20950 ROCK CR RD.

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 9-26-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 190

From	To	Estimated Flow Rate	SWL
190	220	4	28

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
SOIL BROWN	0	1	
CLAY TAN	1	28	
CLAY GRAY	28	47	
CLAYSTONE GRAY	47	190	
CLAYSTONE WH	190	220	28
CLAYSTONE GRAY	220	260	
REF			
NOV 28 1995			
WATER RESOURCES DEPARTMENT SALEM, OREGON			

Date started 9-22-95 Completed 9-27-95

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

Signed Rick Mallett WWC Number 1572 Date 10-25-95

(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 Don Mallett WWC Number 1563 Date 10-25-95