

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

YAMH
51822

WELL I.D.# **L37124**

(START CARD) # **125384**

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

(1) OWNER: Well Number _____
 Name **Puriponics**
 Address **11711 N.E. Hwy 240**
 City **Yamhill** State **Or.** Zip **97148**

(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 **180** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10 5/8"	0	49	Bentonite	0	49	20 Sacks	
10 5/8"	49	67	Cement	49	67	8 Sacks	
6"	67	180					

How was seal placed: Method A B C D E
 Other **Bentonite placed top minutes, compressed**
 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"	2	67	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	4	180	160	<input checked="" 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 **3/8" circular drilled holes**

From	To	Slot size	Number	Drill pipe size	Casing	Liner
140	180		140	3/8" circular	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75		180	2 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: _____

(9) LOCATION OF WELL by legal description:
 County **Yamhill** Latitude _____ Longitude _____
 Township **35** N or S Range **3W** E or W. WM.
 Section **6** NE 1/4 **5W** 1/4
 Tax Lot **3300** Lot **1100** Block _____ Subdivision _____
 Street Address of Well (or nearest address) **SOME**

(10) STATIC WATER LEVEL:
43 ft. below land surface. Date **Oct. 8 99**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **95 ft 26 p.m**

From	To	Estimated Flow Rate	SWL
95	97	26 p.m	
97	100	56 p.m	
120	125	16 p.m.	
140	142	18 p.m.	
155	165	40 p.m.	

(12) WELL LOG:
 Ground Elevation **Approx 400'**

Material	From	To	SWL
Topsoil	0	3	
Brown clay	3	18	
Brownish yellow clay	18	52	
Yellow decomposed clay	52	57	
Medium Heavy Blue & Grey Sandstone with unstable layers	57	180	

RECEIVED
OCT 21 1999
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **10/6/99** Completed **10/8/99**
 (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 App!** 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 **[Signature]** WWC Number **768** Date **Oct 8, 99**