

#2

YAMAH
51823

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

WELL I.D. # L37133
START CARD # 125396

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

(1) OWNER: Puriponics Well Number _____
Name _____
Address 11741 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 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
<u>10 5/8"</u>	<u>0 30</u>	<u>Bentonite</u>	<u>0 30</u>	<u>12</u>	
<u>6"</u>	<u>30 220</u>				

How was seal placed: Method A B C D E
 Other Bentonite (Poured Slurry)
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>3.6"</u>	<u>12.25"</u>	<u>0</u>	<u>30</u>	<u>25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>4"</u>	<u>160"</u>	<u>0</u>	<u>220</u>	<u>160</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Electric Drill
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>180</u>	<u>220</u>		<u>150</u>	<u>5/8"</u>	<u>Circular</u>	<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
<u>5</u>	<u>Air lift</u>	<u>220</u>	<u>1 hr</u>

Temperature of water 57° 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 SE 1/4 SW 1/4
Tax Lot 3306 Lot 1100 Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
72 ft. below land surface. Date 8/11/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 84 3 G.P.M.

From	To	Estimated Flow Rate	SWL
<u>84</u>	<u>86</u>	<u>3</u>	<u>72</u>
<u>147</u>	<u>149</u>	<u>2</u>	

(12) WELL LOG:
Ground Elevation Approx 400'

Material	From	To	SWL
<u>Topsoil</u>	<u>0</u>	<u>2</u>	
<u>Brown clay</u>	<u>2</u>	<u>17</u>	
<u>Red decomposed clay</u>	<u>17</u>	<u>24</u>	
<u>Firm gray sandstone w/ unstable layers (possible cracks)</u>	<u>24</u>	<u>220</u>	

RECEIVED

OCT 21 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10/8/99 Completed 10/11/99
(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 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 L. Wells WWC Number 795 Date 10/12/99