

YAMH
52296

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

WELL I.D. # L 17110
START CARD # 13442 134442

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

(1) OWNER: Well Number 1
Name Western Or. Conference of SDA
Address P.O. Box 460
City Newberg State OR Zip 97132

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	78	Cement	0	36	8 Sacks	
			Bentonite			1 Sack	

How was seal placed: Method A B C D E
 Other 2nd Filled to top off
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 36 ft. to 78 ft. Size of gravel 3/8 Rock

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic				Welded				Threaded			
					✓				✓				✓				✓			
Casing:	6"	0	79	250	✓															
Liner:	4"	4'	142	160																

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw Cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	Liner
122	141	1/8"	39	6" Long			✓

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 20 GPM Drawdown 40' Drill stem at _____ Time 1 hr.
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 3 N or S Range 2 E or W WM.
Section 7 SE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 530 Edgwood Dr Newberg Oregon 97132

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 7-27-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 16'-17'

From	To	Estimated Flow Rate	SWL
16'	17'	2 GPM	10'
26'	140'	40 GPM	10'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil Blown	0	1	
Clay Blown	1	16	
Boulders Basalt	16	18	10'
Weathered Basalt Rock	18	23	
Broken Basalt Rock	23	26	
Weathered out Rock w/ layers of Hard Broken Basalt	26		
Clay Sticky Gray	140	142	10'

RECEIVED
RECEIVED
AUG 28 2000
MAR 28 2001
WATER RESOURCES DEPT SALEM, OREGON
WATER RESOURCES DEPT SALEM, OREGON

Date started 7-18-00 Completed 7-27-00
(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 _____ 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 George H. Robinson WWC Number DCL 13 Date 7-30-00