

AUG 20 2001

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 30188
START CARD # 141322

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

(1) OWNER: Mrs Edward M. McAllen Well Number _____
Name Mrs Edward M. McAllen
Address 4840 Hwy 47
City McMinnville State OR Zip 97128

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	67	Bentonite	0	21	44

How was seal placed: Method A B C D E
 Other Bentonite Bags placed top annulus
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 21 ft. to 67 ft. Size of gravel 2 1/2" Round

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing 8"	2	67	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Skill Saw
 Screens Type 1/4" x 1/2" Material _____

From	To	Slot	Number	Diameter	Tele/pipe	Casing	Liner
47	67	8 rows	96	1/4" x 1/2" slots		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
85		67	3 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 45 N or S Range 4W E or W. WM.
Section 83 SW 1/4 NE 1/4
Tax Lot R4403 Lot 00900 Block _____ Subdivision _____
Street Address of Well (or nearest address) 4840 Hwy 47
McMinnville, OR 97128

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date Aug 19, 2001
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 43 ft.

From	To	Estimated Flow Rate	SWL
43	67	85 GPM.	9

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	3	
Brown clay	3	16	
Blue clay	16	41	
Selfy Blue clay	41	43	
Medium Black			
Blue sand with			
small blue gravel	43	67	9

Cement Grout of
2 Bags placed around top
protect pipe placed to
protect pipe and from
ultraviolet sun rays.

Date started Aug 9 2001 Completed Aug 10 2001
(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.

WWC Number _____
Signed _____ 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.

WWC Number 165
Signed James M. Welton Date Aug 10, 2001