

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

WELL I.D. # L 61014
START CARD # 153478

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

OWNERS Name: (1) LAND OWNER
Well Number _____
Name: KENNETH MONAGON
Address: 12000 SE LAFAYETTE HWY
City: DAYTON State: OR Zip: 97114

(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: Not Changed.
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds
12 0 140 Cem/Bent 0 140 84 Sacks w/gel

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 _____

pv (6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: _____
Liner: _____
Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
120 _____ 140 1 hr.

Temperature of water 52°F 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 4S N or S Range 3W E or W. WM.
Section 31 SE 1/4 SW 1/4
Tax Lot 5306 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 12000 SE Lafayette Hwy, Dayton, Or 97114

(10) STATIC WATER LEVEL:
38' ft. below land surface. Date 10-21-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____
Table with columns: From, To, Estimated Flow Rate, SWL. (Entire table is crossed out with a diagonal line)

(12) WELL LOG:
Ground Elevation _____
Material From To SWL
WELL REPAIR:
Existing 8" casing was overdrilled from 0 to 140'
Seal & filter pack was removed (8" casing removed)
Re-sealed from: 0 to 140'
Per water right permit requirements.)
Grout-Cement 84sks w/gel 0 to 140'
Well was redeveloped & air lift tested.
RECEIVED
OCT 29 2002
WATER RESOURCES DEPT
SALEM, OREGON

Date started 10-16-02 Completed 10-21-02

(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 Mar Bishop WWC Number 1492 Date 10/25/02

(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 1266 Date 10/25/02