

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

RECEIVED

OCT - 6 1986

YAMH
 5371

45/3W-19bd

(1) **OWNER:** Name JOEL MYERS Owner's Well Number: _____
 Address RTL Box 275 F **WATER RESOURCES DEPT.**
 City McMinnville State OR Zip 97128
SALEM, OREGON

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon
 (3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable Other

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) **BORE HOLE CONSTRUCTION:** Depth of Completed Well 123 ft.
 Special Standards date of approval _____

HOLE Diameter	From	To	SEAL		Amount sacks or pounds
			Material	To	
11"	0	123	Cement	0	19

How was seal placed? Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 19 ft. to 123 ft. Size of gravel 3/8 P

(6) **CASING/LINER:**

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	12	123	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method CUTTING TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
104	118	1/4"	90			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 50 Pumping level _____ Drill stem at 123 Time 4 Hours

Temperature of water _____ 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 3W N or S, Range 4S E or W, WM.
 Section 19 SE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Near Junction of Hwy 18 and Hwy La Fayette

(10) **STATIC WATER LEVEL:**
31 ft. below land surface. Date 9/22/86
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WELL LOG:** Ground elevation _____

Material	From	To	WB?	SWL
TOP SOIL	0	3		
BROWN CLAY	3	14		
BLUE CLAY	14	50		
Blue Clay w/SAND	50	55		
Clean Sand	55	70		
Blue Clay	70	95		
Blue Clay - LIGHT GRAVEL	95	104		
Medium GRAVEL IN CLAY	104	110	<input checked="" type="checkbox"/>	31
Blue Clay	110	123		

Date started 9/16/86 Completed 9/22/86

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed David G. Paysinger Date 9/26/86

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Robert S. Shelburne Date Sept 29-86
 Company BLUE WATER DRILLING Job No. 936