

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

WATER RESOURCES DEPT.

SEP 19 1989 447

YAMH  
5447

(START CARD) #

4s/3w/29ac  
12890

**(1) OWNER:**

Name SCAWINI NURSERY  
 Address 13665 SE AMITY - DAYTON HWY  
 City DAYTON State OR Zip 97114

SALEM, OREGON  
 Well Number: 7085

**(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:**

Special Construction approval Yes  No  Depth of Completed Well 157 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Material	From	To	Amount sacks or pounds
Diameter	From	To	From				
14" <del>12"</del>	0	18	0	Cement	0	18	18
12"	18	157					

How was seal placed: Method  A  B  C  D  E

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from 18 ft. to 155 ft. Size of gravel 3/8" P

**(6) CASING/LINER:**

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	+3	157	250	<input checked="" type="checkbox"/>	<input 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 TORCH  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<del>102</del>	<del>157</del>					<input type="checkbox"/>	<input type="checkbox"/>
117	152	1/4x6	280			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
150		154	1 hr. 10 MRS

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 4 N or S, Range 3 E or W, W.M.  
 Section 29 SW 1/4 NE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

40 ft. below land surface. Date 9-6-89  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

From	To	Estimated Flow Rate	SWL
75	105	20	40
115	157	150	40

**(12) WELL LOG:**

Material	From	To	SWL
Top Soil	0	4	
Brown Clay	4	10	
Blue Clay	10	75	
" " w/med. Sand	75	105	
Blue Clay	105	115	
Blue Clay w/ Coarse Sand & Fine Gravel	115	157	40

Date started 8-31-89 Completed 9-6-89

**(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Robert L. Halber WWC Number 417  
 Date 9-6-89

**(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed \_\_\_\_\_ WWC Number 417  
 Date 9-6-89

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19 db

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

SEP 1 2 1989

WATER RESOURCES DEPT.

YAMH 5447

(START CARD) #

(1) OWNER:  
Name SCAWINI NURSERY  
Address 13665 SE Amity - DAYTON Hwy  
City DAYTON State OR Zip 97114

SALEM, OREGON  
Well Number: 7085

(9) LOCATION OF WELL by legal description:  
County YAMHILL Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4 N or S Range 3 E or W W.M.  
Section 29 SW 1/4 NE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(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:  
Special Construction approval Yes  No   
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_  
Depth of Completed Well 157 ft.

(10) STATIC WATER LEVEL:  
40 ft. below land surface. Date 9-6-89  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>75</u>	<u>105</u>	<u>20</u>	<u>40</u>
<u>115</u>	<u>157</u>	<u>150</u>	<u>40</u>

HOLE SEAL  
Diameter From To Material From To Amount (sacks or pounds)

<u>14"</u>	<u>18"</u>	<u>Cement</u>	<u>0</u>	<u>18</u>	<u>18</u>
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How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 18 ft. to 157 ft. Size of gravel 3/8" P

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>4</u>	
<u>Brown Clay</u>	<u>4</u>	<u>10</u>	
<u>Blue Clay</u>	<u>10</u>	<u>75</u>	
<u>" " w/med. Sand</u>	<u>75</u>	<u>105</u>	
<u>Blue Clay</u>	<u>105</u>	<u>115</u>	
<u>Blue Clay w/ Coarse Sand &amp; Fine Gravel</u>	<u>115</u>	<u>157</u>	<u>40</u>

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>8"</u>	<u>+3</u>	<u>157</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method Torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>117</u>	<u>152</u>	<u>1/4x6</u>	<u>280</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 150 Drawdown \_\_\_\_\_ Drill stem at 154 Time 10 hrs

Date started 8-31-89 Completed 9-6-89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
Signed Robert E. Helber WWC Number 417 Date 9-6-89

(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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed \_\_\_\_\_ WWC Number 417 Date 9-6-89

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: \_\_\_\_\_

SEP - 5 1989

"START CARD"  
NOTICE OF BEGINNING OF WELL CONSTRUCTION WATER RESOURCES DEPT.  
(as required by ORS 537.762) SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Louis Scavini  
13665 Dayton Awny Hwy SE  
Dayton Ore 97114

Proposed Commencement Date Aug 31 - 89

Proposed Well Depth 150, Diameter 8"

and Use:

- Domestic
- Thermal
- Community
- Injection
- Industrial
- Other
- Irrigation

Proposed Well Location: County yamhill

Township 4S (N or S) Range 3W (E or W) Section 29

At least 2 of these must be provided

1. SW 1/4 of NE 1/4 of above section
2. street address of well location 13665 Dayton Awny Hwy SE  
Dayton Ore 97114
3. tax lot number of well location \_\_\_\_\_
4. attach approved map with location identified.  
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

X \_\_\_\_\_  
Owner's Signature

X Robert S. Williams  
Bonded Water Well Constructor

\_\_\_\_\_  
Title

License No. \_\_\_\_\_

\_\_\_\_\_  
Date

Company Blue Water P. welling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

For Water Resources Department Use Only:

Date Report Received \_\_\_\_\_  
 Date Envelope Postmarked \_\_\_\_\_  
 Date Hand Delivered \_\_\_\_\_  
 Watermaster Initials \_\_\_\_\_