

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

YAMH 5459
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 4/3W-30bc

WATER RESOURCES DEPT.

(1) **OWNER:**
 Name John STOLLER
 Address 15041 STOLLER RD
 City DAYTON State OR Zip 97114

(9) **LOCATION OF WELL by legal description:**
 County YAMHILL Latitude _____ Longitude _____
 Township 4 N or S Range 3 E of W.M.
 Section 30 SW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) DAYTON, OR. CRUIKSHANK RD #2

(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 FARM USE

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 120 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	Depth	Material	Depth	
6"	0 to 125	Cement	0 to 18	15

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 18 ft. to 125 ft. Size of gravel 3/8" P

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	7	125		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	100		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SDR 26 PVC	120		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	100	125		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	200	125		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method SKIL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	120	1/16	40			<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 Drawdown 2.3 Drill stem at _____ Time 1 hr.

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: _____

(10) **STATIC WATER LEVEL:**
25 ft. below land surface. Date 10/29/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 79

From	To	Estimated Flow Rate	SWL
79	84	2.3	
93	102	9.11	
105	110	15	
105	121	45	

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

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	14	
STICKY BLUE CLAY	14	43	
BLUE CLAY w/ SOME FINE SAND	43	79	
Med Sand in CLAY	79	84	
BLUE CLAY	84	95	
BLUE CLAY w/ COARSE SAND	95	102	
STICKY BLUE CLAY	102	105	
CLAY w/ GRAVEL & SAND	105	110	
COARSE GRAVEL & SAND in CLAY	110	121	25
STICKY BLUE CLAY	121	125	

Date started 10/26/87 Completed 10/29/87

(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 David J. Paysinger WWC Number 1438
 Date 10/29/87

(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 Robert J. Helburn WWC Number 417
 Date 10-29-87

YAMH 5459

For Official Use Only:

Received Date:

01/06/98

County Well Log ID No.

YAMH 5459 5459
YAMH 48

Well Identification Tag No.

L 21406

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: CURT JOHNSTON

Mailing Address: 11320 SE LAFAYETTE HIGHWAY

City: DAYTON State: OR Zip: 97114 Phone: _____

WELL LOCATION:

County: YAMHILL Owner's Well Number: B

Township: 4 N or S SOUTH Range: 3 E or W WEST Section: 31 NE 1/4 SW 1/4

Tax Lot #: 1100 Type of Well: water supply monitoring _____

Street Address of Well (if different from above): 11320 SE LAFAYETTE HIGHWAY

DAYTON, OR 97114

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

**Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310**