

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**  
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 59406

START CARD # 180005

**(1) LAND OWNER** Owner Well I.D. Well 5

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company City of Lafayette  
Address 486 Third Street  
City Lafayette State OR Zip 97127

**(2) TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  Attach copy)  
Depth of Completed Well 195 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
15	0	279	Concrete	0	100	65	S

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from 195 ft. to 279 ft. Material concrete trimcc107 S  
Filter pack from 100 ft. to 195 ft. Material silcasand Size 6X9

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	155	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	185	195	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_  
Screens Type Johnson Material Stainless St

Perf/S	Casing/	Screen	Dia	From	To	Sern/slot	Slot	# of	Tele/
screen	liner					width	length	slots	pipe size
Screen			10	155	185	.08			

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
162	84	145	48

Temperature 55 °F Lab analysis  Yes By MWI \_\_\_\_\_  
Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units
155	185	*Results have not been returned		

**(9) LOCATION OF WELL (legal description)**

County YAMHILL Twp 4 S N/S Range 4 W E/W WM  
Sec 25 NE 1/4 of the NW 1/4 Tax Lot N/A  
Tax Map Number N/A Lot N/A  
Lat 45 ° 11 ' 57.00" or 45.19916667 DMS or DD  
Long -123 ° 7 ' 35.00" or -123.12638889 DMS or DD  
 Street address of well  Nearest address

SE Airport Road, Dayton, OR 97114 - see attached map

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	12-23-2007		52

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES** Depth water was first found 52

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-05-2007	155	185	140		52

**(11) WELL LOG** Ground Elevation 163

Material	From	To
silty clay moist	0	60
grey clay	60	75
grey silt	75	85
fine sand with silt	85	95
clayey silt	95	100
gravel with fines	100	120
silty with some clay	120	125
sandy gravel with clay seams	125	140
silt with sand and clay	140	150
sand and gravel	150	180
gravel with traces of sand	180	190
fine sand, silt and gravel	190	200
silt	200	210
silty with some gravel	210	279

Date Started 10-22-2007 Completed 12-16-2007

**(unbonded) Water Well Constructor Certification**

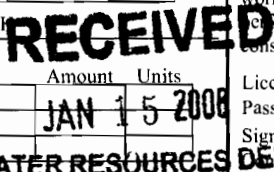
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number \_\_\_\_\_ Date \_\_\_\_\_  
Password: (if filing electronically) \_\_\_\_\_  
Signed \_\_\_\_\_

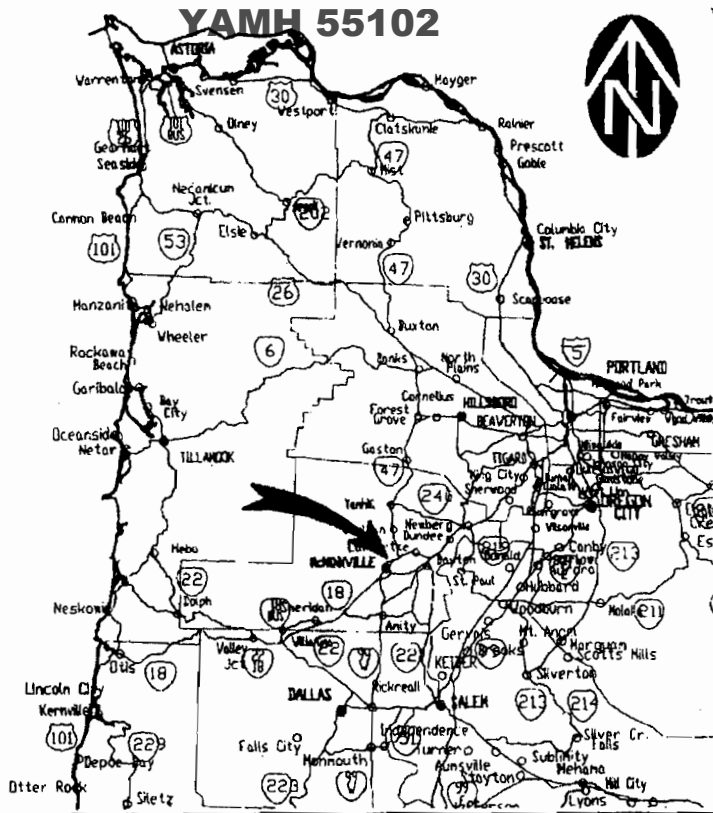
**(bonded) Water Well Constructor Certification**

I accept responsibility for the construction, deepening, 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.

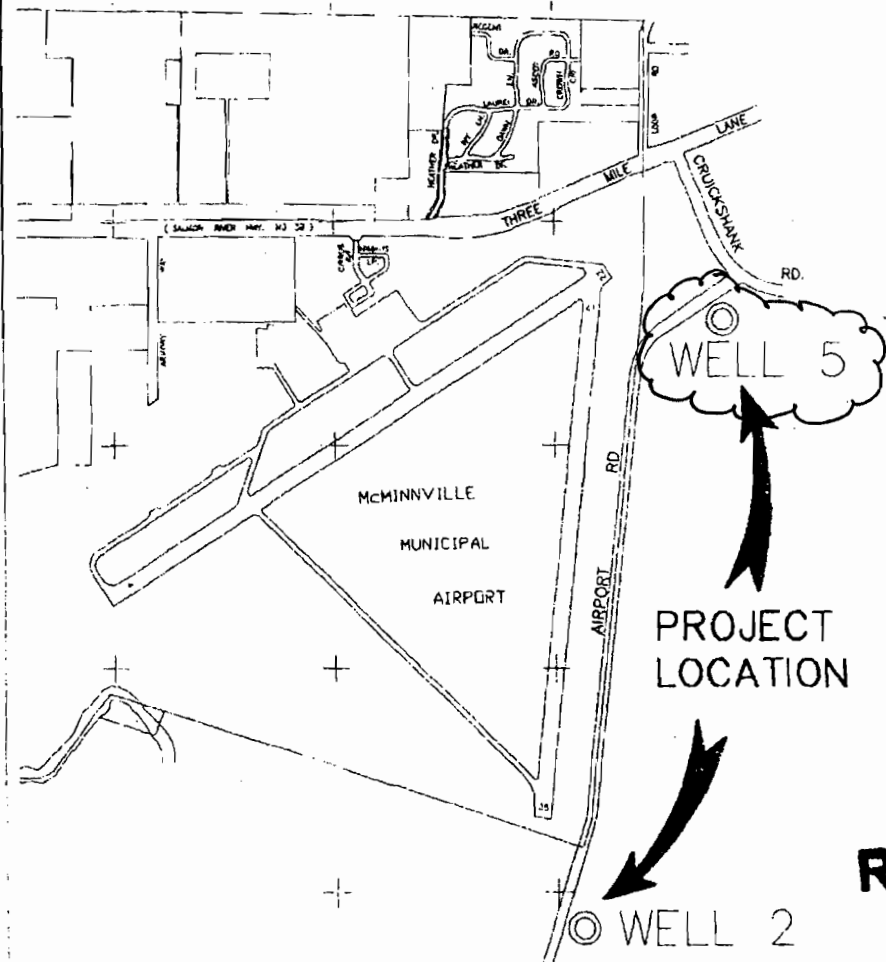
License Number 1796 Date 1/14/08  
Password: (if filing electronically) \_\_\_\_\_  
Signed [Signature]  
Info (optional) \_\_\_\_\_



YAMH 55102



VICINITY MAP



PROJECT LOCATION MAP

RECEIVED

JAN 15 2008

WATER RESOURCES DEPT  
SALEM, OREGON