

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 95545

START CARD # 198459

(1) LAND OWNER Owner Well I.D. _____

First Name CASEY Last Name KULLA

Company _____

Address PO BOX 1698

City MCMINNVILLE State OR Zip 97128

(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 222 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Arnt	lbs
14	0	49	Bentonite	0	20	24	S
12.25	49	67	Cement	20	67	47	S
9.62	67	222					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other Bentonite dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☒	8	☒	2	222	.250	☒	☒	☒	☒
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 222Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holte

Screens Type _____ Material _____

Perf/S	Casing/Screen	Screen	Dia	From	To	Scm/slot	Slot	# of	Tele/
Perf	Casing	Screen	Dia	From	To	width	length	slots	pipe size
			8	212	218	.2	1	420	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,200		200	6

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County YAMHILL Twp 5 S N/S Range 3 W E/W WM

Sec 22 SW 1/4 of the NE 1/4 Tax Lot 1500

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

18705 SE UPPER ISLAND RD, DAYTON OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 08-18-2008 _____ 11

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 21

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-09-2008	21	47	60		21
08-18-2008	160	222	1,200		11

(11) WELL LOG

Ground Elevation _____

Material	From	To
Semi-silty top soil	0	15
Soft dark brown clay	15	21
Medium to small dark gray sand and gravel	21	35
Soft blue clay	35	37
Brown sand and gravel	37	42
Blue clay and gravel	42	47
Blue clay	47	75
Blue-gray sandt clay	75	160
Fine sand gray muddy	160	170
Very fine gray sand	170	190
Dark gray sandy gravel	190	198
Gray clay and gravel with fine sand	198	205
Semi-loose medium gray sand and gravel	205	222

Date Started 08-08-2008

Completed 08-18-2008

(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 1629

Date 08-21-2008

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 1273

Date 08-21-2008

Password: (if filing electronically)

Signed _____

Contact Info (optional)

ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89