YAMH 56344

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

WELL LABEL # L 108235

START CARD # 201180

(1) LAND OWNER

Owner Well I.D.

First Name Darrel Last Name Heerman

Company

Address 9330 SE Three Tree Lane

City Amity State OR Zip 97101

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] Attach copy

Depth of Completed Well 203 ft.

BORE HOLE

Dia	From	To
10	0	23
6	23	205

SEAL

Material	From	To	Amt	sacks/ lbs
Bentonite	0	23	15	S

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] Other poured & probed

Backfill placed from 203 ft. to 205 ft. Material slough

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
●	○	6	X	2	23	.25	●	○	X	
○	●	4		3	203	cl200	○	●	X	
○	○						○	○		
○	○						○	○		
○	○						○	○		

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method circular saw

Screens Type Material

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner		163	188	.1	6	122	

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
7.5		205	1

Temperature 55 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

RECEIVED BY OWRD

AUG 21 2012

SALEM, OR

(9) LOCATION OF WELL (legal description)

County YAMHILL Twp 5 S N/S Range 4 W E/W WM

Sec 23 NW 1/4 of the NE 1/4 Tax Lot 305

Tax Map Number Lot

Lat ° 0 ' " or DMS or DD

Long ° 0 ' " or DMS or DD

○ Street address of well ◉ Nearest address

Owner's

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	08-13-2012			55

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-13-2012	115	187	7.5			55

(11) WELL LOG

Ground Elevation

Material	From	To
Top soil	0	1
Clay, brown, soft, some cobbles	1	12
Basalt, grey & bron, medium, fractured	12	18
Basalt, grey, medium	18	65
Basalt, grey, med, frac & CS & clay, brn, med-soft	65	75
Basalt, grey, medium, fractured	75	104
Basalt, grey, med, frac w/CS & clay, brn, med-soft	104	115
Basalt, grey, med-hard, fractured	115	135
Basalt, grey, hard, some fractures	135	173
Claystone, black & green, hard-medium	173	182
Basalt, grey, medum, some vesicles	182	187
Clay, grey, soft & claystone, grey, medium	187	195
Clay, green, soft	195	205

Date Started 07-30-2012 Completed 08-01-2012

(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 1797 Date 08-17-2012

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 649 Date 08-17-2012

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