YAMH 56400

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

WELL LABEL # L 108238

START CARD # 208743

(1) LAND OWNER

Owner Well I.D. _____

First Name Kelly Last Name Kreder

Company _____

Address 15010 Kreder Rd

City Dayton State OR Zip 97114

(2) TYPE OF WORK

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

(3) DRILL METHOD

RECEIVED BY OWRD

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

OCT 01 2012

(4) PROPOSED USE

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

SALEM, OR

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 144 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
12	0	4	Bentonite	0	5	6	S
10	4	144	Cement	5	98	118	S

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

[X] Other bentonite poured

Backfill placed from 98 ft. to 102 ft. Material 10-20 sand

Filter pack from 102 ft. to 144 ft. Material CSSI Size 8/12

Explosives used: [ ] Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
[X]	[ ]	6	[X]	2	112	.25	[X]	[ ]	[X]	[ ]
[X]	[ ]	6	[ ]	122	136	.25	[X]	[ ]	[X]	[ ]
[X]	[ ]	6	[ ]	141	144	.25	[X]	[ ]	[X]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]

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

Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type v-wire wrap Material 304SS

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		6	112	122	.04			PS
Screen		6	136	141	.04			PS

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		100	1

Temperature 55 °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 4 S N/S Range 3 W E/W WM

Sec 29 NW 1/4 of the NW 1/4 Tax Lot 1300

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

(•) Street address of well ( ) Nearest address

14145 Stringtown Rd, Dayton, OR 97114

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	09-20-2012			52

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 51

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
NM	51	69	NM			NM
NM	77	92	NM			NM
	113	120				
09-20-2012	137	140	60			52

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil, brown	0	2
Clay, brown, soft, silty	2	29
Clay, brown, medium, silty	29	40
Clay, grey, medium-soft, silty	40	49
clay, grey, medium, sandy, black, fine	49	51
Sand, brown, fine	51	69
Clay, brown, medium	69	72
Clay, brown & grey, medium	72	77
Sand, black, fine	77	92
Clay, grey, soft	92	97
Clay, grey & brown, medium	97	113
Sand, medium, black & gravel, 3/4"-	113	120
Clay, grey, soft, sandy	120	137
Sand, black, medium, & gravel, 3/4"-	137	140
Clay, grey, medium	140	144
Casing has plate welded on its bottom.		

Date Started 09-07-2012 Completed 09-20-2012

(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 1367 Date 09-27-2012

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 09-27-2012

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