YAMH 56401

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

WELL LABEL # L 108239

START CARD # 208745

(1) LAND OWNER

Owner Well I.D. _____

First Name Bonnie Last Name Matlock

Company Kimmel Living Trust

Address 36 Anderson Way

City Menlo Park State CA Zip 94025

(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 132.5 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	70	Bentonite	0	4	2	S
6	70	144	Cement	4	70	28	S

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

[X] Other bentonite poured

Backfill placed from 132.5 ft. to 144 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	71.5	.25	●	○	X	
○	●	4		12.5	132.5	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		80	129	.1	6	196	

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		130	1

Temperature 60 ± °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 2 S N/S Range 3 W E/W WM

Sec 27 NW 1/4 of the NW 1/4 Tax Lot 1600

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

18000 NE Tykeson Rd, Newberg, OR 97132

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	09-26-2012			48

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 57

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
NM	51	65	1			NM
09-26-2012	81	129	25			48

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil, brown	0	1
Clay, brown, medium	1	5
Clay, tan, soft	5	12
Clay, grey & brown, medium	12	14
Claystone, brown, medium-hard	14	15
Clay, red & brown, medium	15	29
Clay, brown, medium	29	51
Claystone, grey, hard	51	65
Basalt, dark grey, hard	65	81
Basalt, dark grey, medium-hard, very fractured	81	128
Basalt, dark grey, hard, fractured	128	132
Claystone & clay, green & grey, medium	132	144

Date Started 09-21-2012 Completed 09-26-2012

(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 1927 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