

YAMH 58006

YAMH 58006

STATE OF OREGON WATER SUPPLY WELL REPORT

Arrow 18-29-1

WELL I.D. LABEL# L 128525
START CARD # 1039891
ORIGINAL LOG #

Page 1 of 1

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

(1) LAND OWNER:

Owner Well I.D. _____
First Name: Jerry and Julie Last Name Coles
Company _____
Address: 369 Paseo de Playa #112
City: Ventura State: CA Zip: 93001

(2) TYPE OF WORK: New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrld
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(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 201 ft.

BOREHOLE			SEAL		sacks/lbs	
Dia	From	To	Material	From	To	Amt
10	0	117	bentchips	0	117	46
6"	117	201			Calculated	42
					Calculated	

How was seal placed: Method A B C D E

Other Poured-probed-hydrated

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

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

Explosives Used Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER:

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	6"	<input checked="" type="checkbox"/>	3'	117'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>4 1/2"</u>	<input type="checkbox"/>	<u>21'</u>	<u>201'</u>	<u>sch 40</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>screwed</u>	<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"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of Shoe(s): 117'

Temp casing Yes Dia: 10" From: 0 To: 6'

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: slotted Material: PVC

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrns/slot width	Slot length	#of slots	Tele/pipe size
S	L	4 1/2	161	201	.032			P

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

Pump Bailer Air Flowing Artesian
Yield gpm _____ Drawdown _____ Drill Stem/pump depth _____ Duration (hr) _____
80 _____ N/A _____ 200' _____ 1.5hrs _____

Temperature of water 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 146

From	To	Description	Amount	Units

RECEIVED
OCT 01 2018

(9) LOCATION OF WELL by legal description:

County: Yamh Twp: 3S Range: 5W
Sec: 01 SW 1/4 of the SW 1/4 Tax Lot: 2300
Tax Map Number _____ Lot _____
Block: _____ Subdivision: _____
Lat _____ ' _____ " or _____ DMS or DD
Long _____ ' _____ " or _____ DMS or DD

Street Address of Well Nearest Address

16735 Rockyford rd. Yamhill, OR 97144

(10) STATIC WATER LEVEL:

Description	Date	SWL(psi)	+	SWL (ft)
Sat overnight	8-9-18		<input type="checkbox"/>	47'

Flowing Artesian?

Dry Hole?

WATER BEARING ZONES: Depth at which water was first found 95'

SWL Date	From	To	Est. Flow	SWL(psi)	+	SWL(ft)
8-8-18	95	98	8.3			71'
8-8-18	182	199	80			47'

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
Top soil	0	1	
Clay brwn/gray fract	1	34	
shale brwn/gray fract	34	43	
shale gray firm to hrd	43	49	
shale dark gray med firm with light gray lenses	49	113	
shale gray hrder	113	125	
shale gray med	125	160	
siltstone, shale, claystone, conglomerate	160	182	
Marine rock gray	182	199	
shale brwn firm	199	201	

RECEIVED

AUG 31 2018

OWRD

Date Started: 8-8-18

Completed: 8-9-18

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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 _____

Signed _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 1483 Date 8-27-18

Signed John R. St...

Contact Info (optional) ARROW DRILLING 503-538-4422

OWRD

ORIGINAL - Water Resources Department

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