

OCT 16 1989

YAMH 6199

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

YAMH
6/99

(START CARD) #

45/5W/24dc
13593

(1) OWNER:

Name Ben Flugstad
Address 2700 SW Redmond Hill Rd
City McMinnville State OR Zip 97128

Well Number: 2

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 138 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	60	Cement	0	60	
6"	60	138				

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
	6"	0	61	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 33 Drawdown _____ Drill stem at 138 Time 1 hr.

Temperature of water 54 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Yamhill Latitude _____ Longitude _____
Township 4 N or S Range 5 E or W WM.
Section 24 SW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2700 SW Redmond Hill Rd McMinnville Ore

(10) STATIC WATER LEVEL:

5 ft. below land surface. Date 10-5-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80'	100'	25 GPM	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	1	
Brown Clay	1	20	
Gray Clay	20	38	
Gray Claystone	38	84	
Rock	84	138	

ROBINSON DRILLING
WELLS & PUMPS
4520 S. Has-Salem Hwy.
Salem, Ore. 97304
371-1844

Date started 9-27-89 Completed 10-4-89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed George Robinson WWC Number 13
Date 10-5-89

YAMH 6199

WELL IDENTIFICATION FORM

Owner's Well Number: 2

CURRENT WELL OWNER:

Phone (503) 472-2674

Name: Ben Flugstad

Mailing Address: 2700 SW Redmond Hill Rd.

City: McMinnville State: OR Zip: 97128

WELL LOCATION:

County: Tamhill 6199 Latitude: 45° 12' Longitude: 123° 14'

Township: 4 N or (S) Range: 5 E or (W) Section: 24 SE 1/4 SE 1/4

Tax Lot Number: 4524 - 1300

Street Address of Well (if different from above): _____

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: 13593 Approx. Construction Date: 9/27 → 10/4/89

Well Constructor: Robinson Drilling

Name of Owner at Time of Construction: Ben Flugstad

Well Depth (in feet): 138 Static Water Level (in feet): 5

Diameter of Exposed Well Casing (in inches): 6"

Does this well have a formal water right associated with it? Yes: X No: _____ If yes:

Application #: G-12043 Permit #: G-11085 Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: L10739

RECEIVED

SEP 18 1996

WATER RESOURCES DEPT.
SALEM, OREGON