

APR 17 1991

YAMH 704

L-127717
35/36/19ac

STATE OF OREGON WATER RESOURCES DEPT.
WATER WELL REPORT SALEM, OREGON
(as required by ORS 537.765)

(START CARD) # 17468

YAMH 704

(1) OWNER: Name MR & Mrs Claeff Well Number: 91-291
Address 10200 Oak Spring Farms Rd
City Carlton State OR Zip 97111

(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 120 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 33 | Cement | 0 | 33 | 17 |
| 6 | 33 | 120 | | | | |

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:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-----------|------|-----|-------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Casing: 6 | 1 | 39 | 1.250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: 4" | 5 | 120 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method SKILL Saw
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 110 | 120 | 6" | 24 | 1/16 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 30 Drawdown 90 Drill stem at _____ Time 1 hr.

Temperature of water 51 Depth Artesian Flow Found _____
Was a water analysis done? No 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 Hamhill Latitude _____ Longitude _____
Township 35 N or S, Range 3w E or W, WM.
Section 19 SW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
2 ft. below land surface. Date 3/25/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 110 | 120 | 30 | 2 |

(12) WELL LOG: Ground elevation 450

| Material | From | To | SWL |
|----------------|------|-----|-----|
| Topsoil | 0 | 1 | |
| Clay Red | 1 | 4 | |
| Clay Tan | 4 | 33 | |
| Sandstone Gray | 33 | 120 | 2 |

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OWRD

Date started 3/23/91 Completed 3/25/91

(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 Tom Bryant WWC Number 103
Date 3/25/91



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Daniel & Sandi Wilkens
 Mailing Address: 10280 NE OAK SPRINGS FARM Rd.
 City, State, Zip: CARLTON, OR 97111
 Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Using tag from Blue Water Drilling inventory
 City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 3 (North/South) Range: 3 (East/West) Section: 19 SE 1/4 of the SW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): R33~~2~~-300 County YAMHILL
 GPS Coordinates: _____
 Street Address of Well, City: 10280 NE OAK SPRINGS FARM Rd, CARLTON
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic
 Date Well Constructed (or property built): 3/25/91 Total Well Depth: 120 Casing Diameter: 6
 Owner at time the well was constructed (if known): Cloepfil Well Log # (if known): YAMH 704
 Other Information: _____

SUBMITTED BY (please print): David Paysinger WWC #1438
 PHONE: 503 868 7878 EMAIL &/or FAX: bluewaterdrilling@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

| | | |
|--|------------------|------------------------|
| <i>For Official Use Only by the Oregon Water Resources Department:</i> | | |
| Received Date: | Well Log Number: | Well Identification #: |
| _____ | <u>L127717</u> | _____ |
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