

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.665)

YAMH
 7228 RECEIVED

53/5W/1CC
 16453

DEC 26 1989 (START CARD) #

(1) OWNER: Walter Bros Amle
 Name Mr & Mrs Walter Bros Amle Well Number: 1
 Address 14325 SW Hwy 18
 City McMinnville, OR State OR Zip 97128

(9) LOCATION OF WELL by legal description:

County Yamhill Latitude _____ Longitude _____
 Township 55 N or S Range 5W E or W, WM.
 Section 01 SW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 14325 SW Hwy 18
McMinnville, OR 97128

(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 R.V. Park

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 217 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	0	66	Cement	0	66	25 Sacks
	66	217				

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6	+1	66	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	217	160/32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method 5/8" circulation drill
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
127	147			1/80		<input type="checkbox"/>	<input checked="" type="checkbox"/>
177	217			1/160		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
13 1/2		217	4 hr.

Temperature of water 51 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: _____

(10) STATIC WATER LEVEL:

48 ft. below land surface. Date Dec 20, 89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 82 2 G.P.M

From	To	Estimated Flow Rate	SWL
82	83	2 G.P.M	48
126	127	6 G.P.M	
140	141	2 G.P.M	
203	204	3 1/2 G.P.M	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown clay	2	11	
Brown + yellow clay	11	48	
Brown silty clay	48	56	
Brown decomposed clay	56	59	
Hard Blue Basalt	59	158	
Gray + Blue shale with unstable layers	158	165	
Black Basalt	165	183	
Blue + Green Basalt	183	203	
Hard Blue Basalt	203	217	

Date started Dec 18, 89 Completed Dec 20, 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.

WWC Number _____
 Signed _____ 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.

WWC Number 165
 Signed James H. Wilcox Date Dec 21, 89