

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

JAN 22 1987

YAMH
 7286

55/5W-11bc

WATER RESOURCES DEPT.

(1) **OWNER:** SALEM, OREGON
 Name John BERNARD S.
 Address 14295 SW Masonville Rd
 City McMinnville State OR Zip 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

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 139 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
9"	0	40	Cement	0	40	9 sacks
6"	40	139				

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"	0	40		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SDR 26, PVC 1620	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	139		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SDR 26, PVC 1620	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method SKIL SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	139	1/4 x 1/16	60			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 99 Drawdown _____ Drill stem at 139 Time 1 hr.

Temperature of water _____ 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 5S N or S, Range 5W E or W, WM.
 Section 11 5W 1/4 NW 1/4
 Tax Lot 5511-201 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 14170 Macabre Chapel Rd, McMinnville

(10) **STATIC WATER LEVEL:**
20 ft. below land surface. Date 1-20-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
49	50	6	
105	107	4	
133	138	89	20

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown Clay	2	21	
Brown Sandstone	21	31	
Blue Bush Rock	31	100	
Hard Gray Shale	100	139	20

Date started 1-19-87 Completed 1-20-87

(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 David J. Payne WWC Number 1438
 Date 1-20-87

(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 Robert S. Wallace WWC Number 417
 Date 1-19-87