

YAMHILL
7917

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

AUG 30 1995

(START CARD) # 71093

Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT.

(1) OWNER: Well Number 95-431
Name JEFF & Deona Twenge
Address 24600 N.E Hwy 240
City Newberg State OR Zip 97152

(9) LOCATION OF WELL by legal description:
County Yamhill Latitude _____ Longitude _____
Township 33 N or S Range 2W E or W. WM. _____
Section 18 SW 1/4 SW 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24600 NE Hwy 240 Newberg

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 458'
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	30	BENT	0	30	14 SKS
6	30	337				
8	337	342	Cement	337	342	2 bags
6	342	438				

How was seal placed: Method A B C D E
 Other Bent. Poured & Probed; Cement

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

(6) CASING/LINER:
Final location of shoe(s) 342.5

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	342	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	3	438		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

From	To	Slot size, #	Number	Diameter	Tele/pipe size	Casing	Liner
425	435	6	12	7/8		<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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>12</u>	<u>22.5</u>		<u>2 hr</u>

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:
125 ft. below land surface. Date 8/16/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 355

From	To	Estimated Flow Rate	SWL
355	356	2	125
425	438	12	125

(12) WELL LOG:
Ground Elevation 120'

Material	From	To	SWL
Topsail	0	3	
Clay tan	3	40	
Clay Brw.	40	68	
Clay Gray	68	72	
Clay Brw.	72	98	
Clay Gray	98	256	
Clay white	256	302	
Claystone Soft Gray	302	330	
Claystone Gray Mt	330	385	
Claystone Gray Lt. Mt	385	400	
Claystone Dk Gray	400	438	125

Date started 6/13/95 Completed 8/16/95

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Tom Bryant WWC Number 703 Date 8/16/95