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

SEP 13 1995

WATER RESOURCES DEPT. (START CARD) # 81527
SALEM, OREGON

(1) OWNER: Well Number _____
Name ANDREW McRAE
Address 22075 S HWY 99W
City AMITY State OR Zip _____

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	25	BENTONITE	0	25	18 SACKS
10"	25	200				

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: 10"	41	80	250	<input checked="" 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"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Telepipe size	Casing	Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 200 Drawdown _____ Drill stem at 200 Time 1 hr.

Temperature of water 57 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 4W E or W. WM.
Section 9 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29750 Hwy 233 Amity, OR

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 9-1-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	200	200	15

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	5	
CLAY	5	15	
CLAYSTONE MED "	15	19	
CLAYSTONE GRAY	19	65	
CLAYSTONE HARD "	65	160	
CLAYSTONE W/B GRAY	160	200	15

Date started 8-30-95 Completed 9-1-95

(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 Ray McRae WWC Number 1563 Date 9-5-95