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Yamhill \$59

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35/36/25

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

OCT - 7 1991 (START CARD) # 32284

(1) OWNER: Well Number: 91-301
Name Owen, Longstroth & Johnston
Address 1004 N. Springbrook Rd.
City Newberg, State OR Zip 97132

(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 255 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	cement	0	25	14 sks
6	25	255				

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	248	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"/>

Final location of shoe(s) 248.5

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		na	NA	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 50+ Drawdown 60' 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? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
Salem Yamhill County Latitude _____ Longitude _____
Township 3s N or S, Range 3w E or W, WM.
Section 25 ne 1/4 ne 1/4
Tax Lot 3325-100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Dayton Ave

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 9/6/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
247	255.5	50+	26

(12) WELL LOG: Ground elevation 105

Material	From	To	SWL
Topsoil	0	2	
Clay Brown	2	19	
Clay gray	19	41	
Clay tan	41	52	
Clay red	52	74	
Clay tan sticky	74	83	
Clay red sticky	83	145	
Clay brown	145	147	
Clay red	147	237	
Claystone	237	244	
Sandstone fractured Decomp	244	255	

Date started 8/28/91 Completed 9/6/91

(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 Thomas E Bryant WWC Number 703 Date 9/7/91