

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 62945

START CARD # 188902

(1) LAND OWNER

Name EVAN ESAU Well Number _____
 Address 8745 S.W. Stone Dr.
 City TUALATIN State OR Zip 97062

(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 250 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To
10 3/8"	0 158	Benham Cement	0 48
10 3/8"	158 250	Benham Cement	48 158

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other Cement pumped, Benham Cement
 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"	0 158	12.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	158 250	16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From To		Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
210 250		1/40	140	5/8" Anderson drilled holes	5/8" Anderson drilled holes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min		Drawdown	Drill stem at	Time
20			250	1 hr.
20			Pump at 226	1 hr.

Temperature of water 53° Depth Artesian Found
 Was a water analysis done? ☒ Yes By whom Alexis

Did any strata contain water not suitable for intended use? ☒ Yes Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____
 Depth of water: _____

(9) LOCATION OF WELL by legal description:

County Yamhill Latitude _____ Longitude _____
 Township 35 N or S Range 3W E or W. WM.
 Section 34 1/4 NE 1/4
 Tax Lot 3334 Lot 00202 Block _____ Subdivision _____
 Street Address of Well or nearest address Next to 20000 Niederringen Rd, Dunbar, OR 97115

(10) STATIC WATER LEVEL:

66 ft. below land surface. Date Sept 13 2006
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 190 ft 26 p.m.

From	To	Estimated Flow Rate	SWL
190	195	56 p.m.	66
215	220	15 p.m.	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	3	
Brown + yellow clay, soft	3	68	
Reddish soft clay	68	115	
Reddish yellow clay, soft	115	140	
Unstable bed	140	151	
Blue Basalt with fractures	151	236	
Layers of	236	250	66
Hand Blue Basalt			

RECEIVED

SEP 21 2006

WATER RESOURCES DEPT

Date started 9/8/2006 Completed 9/13/2006

(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 765

Signed James W. W. W. Date _____