

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

(1) OWNER:

Well Number: 99-011 - 1

Name: Fred Robinson
Address: 16105 Nelson Road
City: Newberg State: OR Zip: 97132

(2) TYPE OF WORK:

New Well Deepening Alteration/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 196

Explosives Used Yes No Type _____ Amount _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
10	0	56	bent chp	0	21	15 sacks
			cement	21	56	12 sacks
6	56	400				

How was seal placed: Method A B C D E

Other bent chips poured - probed

Backfill placed from _____ to _____ Material _____
from _____ to _____ Material _____

Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6	+1	58	.250	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:

N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

N/A

Perforations Method: _____

Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input 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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
2.1	N/A	180	1 hr.
2.1	N/A	180	2 hrs

Temperature of water 56 Depth Artesian Flow Found _____

Was a water analysis done? _____ By whom: _____

Did any strata contain water not suitable for intended use? (explain)
yes, salt water encountered between 300 - 400'

Depth of Strata: _____

YAMH
51595

WELL ID # L 18960
START CARD # 102863

(9) LOCATION OF WELL by legal description:

County: Yamhill Latitude: _____ Longitude: _____
Township: 3S Range: 3W
Section: 3 SW $\frac{1}{4}$ NE $\frac{1}{4}$
Tax Lot: 1500 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) 16885 NE Nelson Rd
Newberg, OR 97132

(10) STATIC WATER LEVEL:

40 Ft. below land surface Date 4-24-99
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 12'

From	To	Est. Flow Rate	SWL
13	14	+ - 1 gpm	9
147	158	2 gpm	40
260	300	.5 gpm	?
300	400	2 gpm (salty)	?

(12) WELL LOG:

Ground Elevation: _____

Material	From	To	SWL
top soil	0	1	
clay brwn silty	1	6	
clay tan/yellow	6	13	
siltstone gray sft w/continuous layers rusty	13		
red sandstone very soft		27	
shale layered gray/brwn occ sandy sft lens	27	72	
shale brwn firm (oily) w/occ hard gray	72		
siltstone		118	
shale gray silty firm	118	128	
shale gray w/hard sandstone layers	128	141	
siltstone gray med-hrd	141	185	
siltstone fract	147	158	
sandstone gray hard	185	186	
shale brwn silty	186	202	
shale brwn firm	202	215	
sandstone gray/green sft-med	215	218	
shale gray firm	218	400	
borehole pressure grouted w/20 sacks neat cement from 196 to 400			

RECEIVED

APR 27 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 4-14-99

Completed: 4-24-99

(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 ARROW DRILLING WWC Number _____
(503)538-4422 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 [Signature] WWC Number 1483
Date 4/26/99