

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.

YAMAHA
8081
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035/030104

(START CARD) # 82633

(1) OWNER:

Name Janna Ellings-Cleys & Phil Cleys
Address P.O. Box 309
City Tuba City State AZ Zip 86045

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	41'	Bentonite	0	41'	17 Sacks
6"	41'	103'				

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: 6"	+1'	42'	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	-4'	103'	160#	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 42'

(7) PERFORATIONS/SCREENS:

		Method		Type		Material	
<input checked="" type="checkbox"/> Perforations		Grinding Wheel					
<input type="checkbox"/> Screens							
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43'	73'	1/2" x 10"	27			<input type="checkbox"/>	<input checked="" type="checkbox"/>
93'	103'	1/2" x 10"	9			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump	Bailer	Air	Flowing
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time
15 GPM		103'	1 hr.

Temperature of water 56° 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 N 45° 20' 23" Longitude W 123° 03' 17"
Township 3-S N or S Range 3-W E or W. WM.
Section 4 1/4 1/4
Tax Lot 801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Calkins Lane,
Newberg, OR 97132

(10) STATIC WATER LEVEL:

40' ft. below land surface. Date 11/7/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
50'	90'	15 GPM	n/a

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Light Brown Clay	2	25	
Med Gray Shale	25	50	
H Gray Shale	50	85	
H Gray Sand Rock	85	90	
H Gray Shale	90	103	40'

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MAR - 7 1996

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11/4/95 Completed 11/7/95

(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.

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 645

Signed [Signature]

Date 11/12/95