

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 871174
START CARD # 192243

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

(1) LAND OWNER Name Mrs. Mark Dayton Well Number _____
Address 26309 S.W. Vanhook Schum Rd.
City Hillsboro, Oregon State Oregon Zip 97127

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

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
11"	0 38	Bentonite	0 38 18 SACKS.
6"	38 155		

How was seal placed: Method A B C D E
 Other Bentonite Pans placed top minutes
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"	12	38	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	5	155	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Electric drill
 Screens Type Static circulation drilled holes

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
115	155		160	5/8" circular		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				drilled holes		<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		155	1 hr.

Temperature of water 52° 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 35 N or S Range 5W E or W. WM.
Section 01 NW 1/4 SE 1/4
Tax Lot 3501 lot 100 Block _____ Subdivision _____
Street address of Well (or nearest address) 12775 N.W. of Lardg. Rd. Yamhill, Oregon 97148

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date April 17 2007
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
145	150	100 G.P.M.	6

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown & yellow sticky clays	2	25	
Sticky blue clay	25	31	
Hard blue claystone	31	50	
Hard blue & green			
Gravelly with fractured layers	50	155	6

RECEIVED
APR 18 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date started April 12 2007 completed April 17 2007
(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.
WVC 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.
WVC Number 765
Signed James R. Wilkey Date _____