STATE OF OREGON

WATER WELL REPORT

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891

NOV 1 5 1991

25/5W-26dd

(as required by ORS 537.765)	1 3 1331 (8	TARI CARD) # 🖳			
(1) OWNER: Well Number: VIALER RES	(9) LOCATION CURDES OFAFA CURDES OFAFA Township	OF WELL by I	egal descript	ion:	
Address 15100 M. W. CRAINE, LANC.	Tourship 25	N or S, Range	5W	.E or W.V	WM.
City VAMHILL State Occopy Zip 97148					
(2) TYPE OF WORK:		_ Lot Bloc		ivision	
New Well Deepen Recondition Abandon		ell (or nearest address) _		ivision	
	Street Address of W	en (or nearest address)	<u> </u>		
(3) DRILL METHOD	(10) CM A MY C II	A ADDD I DVDI			_
Rotary Air Rotary Mud Cable	(10) STATIC W			<i>//</i> = .	, an
U Other				10-31	-40
(4) PROPOSED USE:	Artesian pressure _	lb. per sq	uare inch. Date		
□ Domestic □ Community □ Industrial □ Irrigation	(11) WATER B	EARING ZONI	ES:		
☐ Thermal ☐ Injection ☐ Other	Depth at which water was	first found			
(5) BORE HOLE CONSTRUCTION:	<u> </u>		D. I.P.	D. I	SWL
Special Construction approval Yes No Depth of Completed Well 18 ft.	ft. From To Estimated Flow		Rate	SWL	
Yes No L Amount Amount Amount L	95	128	50		
•			 		
HOLE SEAL Amount Diameter From To Material From To sacks or pounds					
10 0 26 Cenent 5 26 12		 			
Bentonde 0 5 2	(12) WELL LO	G: Ground eleva	tion		
6 26 28		Material	From	To	SWL
	Red CIB		0	10	
How was seal placed: Method 🔲 A 🔲 B 😾 C 🔲 D 🔲 E	GRAY CI		10	40	
Other		Ale	40	95	
Backfill placed fromft. toft. Material	BASIND S		95	100	
Gravel placed fromft. toft. Size of gravel	GRAY SH		100	120	
(6) CASING/LINER:					
Diameter From To Gauge Steel Plastic Welded Threaded	BROWN S.	HALE & BRO	WW 120	120	
Casing: 6" 1/3" 36 250 🗵 🗆 🖾	CIAY				
Liner: 4" 101 128 160 X					
Final location of shoe(s)					
(7) PERFORATIONS/SCREENS:					
Perforations Method Cut WITH SAW					
Screens Type Material					
Slot Tele/pipe					
From To size Number Diameter size Casing Liner					<u> </u>
22 43 44 15					
28 42 8×6 35				-	
				-	
	 	50 01	/6:	3/0	2 /
	Date started 10 -		mpleted <u> </u>	57-9	
	(unbonded) Water	Well Constructor C	ertification:		
(8) WELL TESTS: Minimum testing time is 1 hour Flowing	I certify that th	e work I performed	on the constructi	on, altera	ation, c
☐ Pump ☐ Bailer Air ☐ Artesian	abandonment of this standards. Materials				
Yield gal/min Drawdown Drill stem at Time	knowledge and belief.		. reposite and the		J
110.00 gar,	WWC Number				
50 125 / 1 hr.	Signed		Date		
	(bonded) Water We	Il Constructor Cert	ification:		
	I accept respons	bility for the constr	uction, alteration,		
Temperature of water Depth Artesian Flow Found	work performed on th	is well during the co	nstruction dates r	eported a	bove. a
Was a water analysis done?	work performed dur construction standard	ing this time is i	in compliance w	ith Oreg iv knowle	gon we
Did any strata contain water not suitable for intended use? Too little	belief.		WWC No	mhor	
□ Salty □ Muddy □ Odor □ Colored □ Other □	Signed Curl) an delven	Date [1. 9	7/
Depth of strata:	I DIENEU - P				,

YAMH 891				
Date Postmarked /0 28 Date Hand-delivered Watermaster Initials	RESOURCES DEPA	ARTMENT USE ONLY W. 358 WRD Receipt Date Fee Recei		
NOTICE OF	START CAL BEGINNING OF WE (as required by ORS	ELL CONSTRUCTION	OCT 29 1051	
This form must be completed, signed by both the Water Resources Department, 3850 Potential of the Water Resources Department, 3850 Potential of the Water Resources Department work begins. A of an existing hole not previously used neeting this requirement but received with Resources Commission has authority to imp	n the owner (or authorized age ortland Road NE, Salem. Of \$75 fee shall accompany a as a water well (make che nout the required fee will no ose civil penalties for failure	ent) and constructor, and the original R 97310, no later than the day of all notices for new well constructs payable to the Water Resources of be accepted as properly and time to submit the required \$75 fee with	onstruction, alteration, action or conversion a Department). Notices nely filed. The Water	
Sailure to submit cards prior to beginning any Owner's name and mailing address 15100 M	7	· ·		
Yanke	el Oregono	97148		
Check type of work: Fee Required	New construction Conversion	No Fee Repair Required Deepening	☐ Recondition ☐ Abandonment	
<u> </u>	Community Industrial Injection Other			
\sim	, , , , , , , , , , , , , , , , , , , ,		Section 26	
A	Street address well location	ss of <u>15100 M. 24.</u> - <i>Ifan here</i>	Craine Line Dreger 97/48	
$N \vdash \vdash \vdash \vdash$		ber of well location		
		with location identified. of this form for approved maps)		
	5. Show well lo	cation within 1/4, 1/4 of section	grid at left.	
We hereby certify that we have read the provided herein is accurate and the well azards. (See #2 on back)	back of this form, and that s being properly located fr	to the best of our knowledge the om septic tanks, septic drain fie	information lds and other	
Owner's signature	a cl	Bonded Water Well Co	Jehry Instructor	
Title 66.	2 3841	License No. 353	<u> </u>	
Home phone W	ork phone	Company		

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

Company _

Last Update: 8/1/16



Application for Well ID Number

RECEIVED

Do not complete if the well already has a Well Identification Number.

5036623150

APR 03 2017

WCC

I. <u>OWNER INFORMATION</u>		
Current Owner Name (please print): E [SERTON FAMILY TI	RUST OWND
Mailing Address:	Box 430	
City, State, Zip:	Yamhill OR 97148	8-0430
Mail Well ID Tag to: SAME AS ABOV	VE In Care Of (C/O)	
Name & Address:		,
City State Zin.		
II. WELL LOCATION INFORMATION (Ple	ease Gil and an annual state and the	
Township: 2 3 (North / South) Range "	5(1) (1900) (18/20)	er e
Tax Lot (usually last 3-5 numbers of Tax Map #)	3103	16 1/4 of the <u>8E</u> 1/4
Street Address of Well, City: 150	51 NW CROPE LANE	2 1/0-1-11 -0
If the property had a different street address in the	e past:	- Yamnii OR
Use of Well (domestic, irrigation, commercial, in Date Well Constructed (or property built): 10. Owner at time the well was constructed (if known Other Information: 744 44.7 SUBMITTED BY (please print): PHONE: 503-663150 Send application to: Oregon Water Resources Depart Applications are processed in the order they are received.	constrial, monitoring): Domes 31-91 Total Well Depth: 128 1): Robert Crane. Well Low 482458 EUNENE Edgerton EMAIL & for FAX: Jg edgerton	Casing Diameter: 6" pg # (if known): <u>Yamh 891</u> Pamail. com /503-1662-315
For Official Use	Only by the Oregon Water Resources Depar	rtment:
Received Date:	Well Log Number:	Well Identification #:
<u>4-3-17</u>	<u>VAMH 891</u>	L-125743

Well LD. Number/2