

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

NOV 18 1993 BENT 1274
 WATER RESOURCES DEPT.
 SALEM, OREGON

Bent 1274

11s/4w/5bc

(START CARD) # **48066**

(1) OWNER: Well Number _____

Name **Ray Seidler**
 Address **7397 NE Pettibone Dr.**
 City **Corvallis** State **OR** Zip **97330**

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well **45** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18'	cement	0	18'	9 1/2 sacks
8"	18'	45'				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	2'4"	33'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			08"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **33'08"**

(7) PERFORATIONS/SCREENS:

Perforations Method **Acetylene torch**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
27'	33'	3/8"	70	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
08"	08"	x12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min **100gpm** Drawdown **12'** Drill stem at _____ Time **1 hr.**

Temperature of Water **54** 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 **Benton** Latitude _____ Longitude _____
 Township **11 S** N or S. Range **4 W** E or W. WM. _____
 Section **5** SW 1/4 NW 1/4 _____
 Tax Lot **400** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:

8' ft. below land surface. Date **11-12-93**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **22'**

From	To	Estimated Flow Rate	SWL
22'	32'	100 gpm	8'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	6	
Black clay	6	7	
Brown clay	7	15	
Black silty clay	15	22	
Brown sand & small gravel	22	32	
Brown clay	32	45	

Date started **11-11-93** Completed **11-12-93**

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number **1378**
 Signed *[Signature]* Date **11-15-93**

BENTON RECEIVED

WELL IDENTIFICATION FORM

JUN 10 1998

CURRENT WELL OWNER: WATER RESOURCES DEPT. SALEM, OREGON Owner's Well Number: _____

Name: RAMON J. SEIDLER + KATHERINE L. SEIDLER

Mailing Address: 7397 NE PETTIBONE ROAD

City: CORVALLIS State: OREGON Zip: 97330 Phone 541-745-5753

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

County: BENTON Latitude: BENT 1274 Longitude: _____

Township: 11 ~~N~~ S Range: 4 ~~E~~ W Section: 5 1/4 1/4

Tax Lot Number: 400 + 427

Street Address of Well (if different from above): _____

WELL INFORMATION:

Start Card Number: 48066 Approx. Construction Date: 11-12-93

Well Constructor: See well log attached

Name of Owner at Time of Construction: RAMON J. + KATHERINE L. SEIDLER

Well Depth (in feet): 33'-45' Static Water Level (in feet): 8'

Diameter of Exposed Well Casing (in inches): 8"

Does this well have a formal water right associated with it? Yes: X No: _____ If yes:

Application #: B-13564 Permit #: G-12032 Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 26201