

16

BENT 1510
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12S/5W/1766

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

(START CARD) # 73133

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

(1) OWNER: Well Number 1111
Name Harry MacCormack
Address 6910 S.W. Plymouth Dr
City Cornwallis State OR Zip 97333

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0'	78'	Cement	0'	78'	19 Sacks
6"	78'	245'				

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"	12'	78'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
<u>None</u>								

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 9 GPM Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 55° 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 12S N or S Range 5W E or W WM. W
Section 17 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
60' ft. below land surface. Date 10/25/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 120'

From	To	Estimated Flow Rate	SWL
120'	121'	2 GPM	60'
190'	191'	3 GPM	60'
224'	225'	4 GPM	60'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	0
Brown Clay	2	43	0
Cemented Gravel	43	54	0
Brown Clay	54	67	0
Weathered Sandstone	67	72	0
Grey S. Stone	72	245	60'

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NOV 29 1994

WATER RESOURCES DEPT
SALEM, OREGON

Date started 10/24/94 Completed 10/25/94
(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 KTD mts WWC Number 1411 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 Donald J. Forney WWC Number 751 Date 11/3/94



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

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

I. OWNER INFORMATION

Current Owner Name (please print): Sunbow Farm LLC
Mailing Address: 6910 SW Plymouth Dr
City, State, Zip: Corvallis OR 97333
Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

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II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 12S (North / South) Range: 5W (East / West) Section: 17 NW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 600 County OR
GPS Coordinates: N 44.53338, W 123.33299
Street Address of Well, City: 6910 SW Plymouth Dr, Corvallis
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 10/25/1994 Total Well Depth: 245' Casing Diameter: 6"
Owner at time the well was constructed (if known): Harry MacCormack Well Report # (if known): BENT 1510
Other Information:

SUBMITTED BY (please print): Nathan Johnson
PHONE: 971-409-8009 EMAIL &/or FAX: sunbowproduce@peak.org

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

3-7-22

Well Report Number:

BENT 1510

Well Identification #:

L-146812