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JUN 28 1988

Bent 2510 115/4W-5ab

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

(1) OWNER:
Name Pleasant Run Nursery Well Number 5038
Address 204 Independence Hwy
City Corvallis State ore 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 72 ft.
Explosives used ☐ Yes ☒ No ☐ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Feet	From	To	Material	From	To	
14	0	18	cement	0	18	18 sacks
10	18	59	steel			
59	59	72	open hole			

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other

Backfill placed from 0 ft. to 18 ft. Material cement
Gravel placed from 30 ft. to 35 ft. Size of gravel 1/2 - 3/4

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 10 18 59 250 ☒ ☐ ☒ ☐
Liner: _____
Final location of shoe(s) 59

(7) PERFORATIONS/SCREENS:
☒ Perforations Method touch
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner
40 57 1/4 120 _____ ☒ ☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
85 5 _____ 1 hr.

Temperature of water 52.4 Depth Artesian Flow Found _____
Was a water analysis done? no Yes ☐ No ☒ By whom _____
Did any strata contain water not suitable for intended use? no Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

LOCATION OF WELL by legal description:
County Benton Latitude 44° 38' 15" Longitude 123° 03' 00"
Township 11S N or S, Range 4W E or W, WM.
Section 5 NW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 204 Independence Hwy Corvallis ore

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 6-25-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 35
From To Estimated Flow Rate SWL
40 57 200 + _____

(12) WELL LOG: Ground elevation _____
Material From To SWL
Clay Brown 0 30
hard Brown clay Brown 30 35
hard Brown med Gravel 35 48
large Gravel med sand 48 58
Clay Red 58 72

Date started 6-15-88 Completed 6-25-88

(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 610
Signed Bob Scheler Date 6-25-88

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No 5038

JUN 20 1988

WATER RESOURCES DEPT.
SALEM, OREGON

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and
Mailing Address

Pheasant Run Nursery
204 Independence Highway
Corvallis ore

Proposed Commencement Date

6-25-88

Proposed Well Depth
and Use:

app 50 ft

Diameter

10 in

☐ Domestic
☐ Thermal

☐ Community
☐ Injection

☐ Industrial
☐ Other

☒ Irrigation

Proposed Well Location:

County

Benton

Township

11S

(N or S)

Range

4W

(E or W)

Section

5

At least 2
of these
must be
provided

1. NW 1/4 of NE 1/4 of above section

2. street address of
well location

204 Independence Highway
Corvallis ore

3. tax lot number of well location

4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Ken M. Myles
Owner's Signature

x Bob Scheeler
Bonded Water Well Constructor

Owner / Partner
Title

License No. 610

6/15/88
Date

Company Scheeler Well Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.



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

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JAN 14 2025

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Sterling Acres LLC
Mailing Address: PO Box 12125
City, State, Zip: Scottsdale, AZ, 85267
Mail Well ID to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)
Name & Address: Daniel Hauge will pick up at OWRD office
City, State, Zip: _____

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

Township: 11 (North / South) Range: 4 (East / West) Section: 5 SW 1/4 of the SE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 700 County Benton
GPS Coordinates: 44.63807405,-123.19761440 (+/- 10-ft)
Street Address of Well, City: (No Situs) 202/204 NW Independence Hwy, Albany, OR 97321 (~3500-ft W-SW of)
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): 6-25-1988 Total Well Depth: 72' Casing Diameter: 10"
Owner at time the well was constructed (if known): Pheasant Run Nursery (Kevin Miles) Well Report # (if known): BENT 2510
Other Information: Existing well and associated well log has been verified in the field based recent well work (camera log and rehabilitation).

SUBMITTED BY (please print): Agent: Michael Higgins (HGX Solutions, LLC)
PHONE: 858.775.0811 EMAIL &/or FAX: mhigginsrocks@gmail.com

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:

1-14-2025

Well Report Number:

BENT 2510

Well Identification #:

L-157026