

BENT
50027

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

DEC 21 1995

WATER RESOURCES DEPARTMENT (START CARD) # 83888

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

SALEM, OREGON

(1) OWNER: Well Number _____
Name CORVALLIS SCHOOL DIST. 509J FAIR PLAY
Address 1555 SW 35th
City CORVALLIS 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 AIR COMPRESSOR

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 50 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
NA						

How was seal placed: Method A B C D E
 Other SEAL NOT DISTURBED
Backfill placed from NA ft. to _____ ft. Material _____
Gravel placed from NA ft. to _____ ft. Size of gravel _____

(6) CASING/LINER: NA

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	NA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NA

(7) PERFORATIONS/SCREENS: NA

		Method		Material			
From	To	Type	Material	Slot size	Number	Diameter	Tele/pipe size
NA							

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
10		50	1 hr.

Temperature of water NA Depth Artesian Flow Found _____
Was a water analysis done? NO 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 44° 35.87' N Longitude 123° 13.30' W
Township 11S N or S Range 5W E or W. WM.
Section 19 A 1/4 C 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3855 N.E. HWY 20
CORVALLIS OR. 97330

(10) STATIC WATER LEVEL:
31 ft. below land surface. Date 11-13-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found NA

From	To	Estimated Flow Rate	SWL
NA			

(12) WELL LOG:
Ground Elevation 226

Material	From	To	SWL
6 IN. 50 FOOT WELL CLEAN OUT			
APPROX. 6 FOOT OF RUST BUILT WAS REMOVED W/COMPRESSED AIR. THE PERFS ARE CLOSED UP OR NON-EXISTANT. MOST OF THE WATER IF NOT ALL WATER COMING THROUGH THE BOTTOM OF THE CASING.			

Date started _____ Completed _____

(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.
WWC Number 1238
Signed _____ Date 11-27-95

(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.
WWC Number 1238
Signed *Carol A. Aldred* Date 11-27-95