

WELL I.D.# 1155W1
L07334

STATE OF OREGON
WATER SUPPLY WELL REPORT *bent*
(as required by ORS 537.765) *50303*

(START CARD) # 91208

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

(1) OWNER: Well Number 5
Name FRED TROTTER
Address 6885 N.E. ELLIOTT CIR
City CORVALLIS State OR Zip 97330

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	39	BENT	0	39	14
6	39	217				

How was seal placed: Method A B C D E
 Other POURED
Backfill placed from NA ft. to _____ ft. Material _____
Gravel placed from NA ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	0	217	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39

(7) PERFORATIONS/SCREENS:

Perforations Method DRILL
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	200		240	1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
23.5	129		125 1/hr.

Temperature of water 57 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 44°38,25N Longitude 123°13,76W
Township 11S N or S Range 5W E or W. WM.
Section 1 1/4 _____ 1/4 _____
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME AS ABOVE

(10) STATIC WATER LEVEL:
51 ft. below land surface. Date 11-8-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 68

From	To	Estimated Flow Rate	SWL
68	70	4	51
177	180	15	51

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	2	
LT BROWN CLAY	2	5	
YELLOW CLAYSTONE SOFT	5	7	
LT GREY CLAYSTONE	7	12	
BROWN CLAYSTONE	12	24	
GREY CLAYSTONE	24	199	51
GREY SANDSTONE	199	205	
GREY CLAYSTONE	205	217	

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DEC 19 1996 MAR 31 1997

WATER RESOURCES DEPT. WATER RESOURCES DEPT.
SALEM, OREGON SALEM, OREGON

Date started 10-16-96 Completed 10-17-96
(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 _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1238
Signed Orrel Hildebrand Date 11-27-96