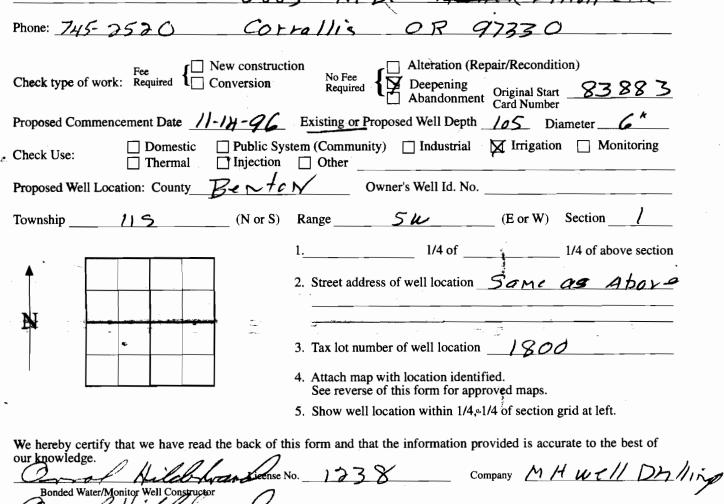
BENT 50312

STATE OF OREGON VATER SUPPLY WELL REPORT (as required by ORS 537.765)	BENT 50312	WELL I.D.# L07359		
		(START CARD) # 91214		

(as required by ORS 337.703) Instructions for completing this report are on the last page of this form.		(01111111111111111111111111111111111111				
	(O) I OCATION OF V	VELT by logal decay	rintion:			
(1) OWNER: Well Number 4	(9) LOCATION OF V	VELL by legal desci	ripuon: 2 20Nt	4 2 2	012107	
Name FRED E. TROTTER	County BENIO	N Latitude44°38	2 . ZOM rout	31mad <u>Z 3</u>	13 3/	
Address 6885 N.E. ELLIOTT CIR NE	Township 11S	N or S Range		E or \	v. wm.	
City CORVALLIS State OR Zip 97330	Section1	1/4		1/4		
(2) TYPE OF WORK	Tax Lot 1800 Lot Block Subdivision					
New Well **Deepening Alteration (repair/recondition) Abandonment	Street Address of Well	(or nearest address)	SAME AS	ABOV	E	
	-	· _				
(3) DRILL METHOD:	(10) STATIC WATER	LEVEL:				
X Rotary Air	66 6 ft. below land surface. Date 1-26-96					
Other						
(4) PROPOSED USE:	Artesian pressure lb. per square inch. Date lt. WATER BEARING ZONES:					
Domestic Community Industrial XIrrigation	(11) WATER BEARD	NG ZONES:				
Thermal Injection Livestock Other						
(5) BORE HOLE CONSTRUCTION:	Depth at which water was	first found 133				
Special Construction approval Yes No Depth of Completed Well 218 ft.						
Explosives used Yes No Type Amount	From	То	Estimated	Flow Rate		
HOLE SEAL	133	137	12		66.6	
nobb	160	166	30		66.6	
Diameter Prom 10						
6 105 197 NA						
	(12) WELL LOG:					
How was seal placed: Method A B C D E	Ground	l Elevation				
Other NA					T	
Backfill placed from NA ft. to ft. Material	Materia		From	To	SWL	
Gravel placed from NA ft. to ft. Size of gravel	GREY BASALT	SOFT	105	197	66.6	
(6) CASING/LINER:	<u> </u>				<u> </u>	
and the second s						
Diameter From 10 Gauge Steel						
Liner: NA						
				† · · · · · · ·		
				 	+	
				 	+	
				 	+	
Final location of shoe(s) NA						
(7) PERFORATIONS/SCREENS: NA						
Perforations Method	DEC			<u> </u>		
Screens Type Material	HEW					
Slot Tele/pipe						
From To size Number Diameter size Casing Liner	JAN -	8 1997				
_ <u>NA </u>						
	WATER RESC	OURCES DEPT.	- 			
	CALEM	OREGON		1	1	
	SALCIVI	<u> </u>			+	
				 	+	
(8) WELLTESTS: Minimum testing time is 1 hour	Date started 11-5		pleted 12-	<u> 2-96 </u>		
Flowing	(unbonded) Water Well					
NPump ☐ Bailer ☐ Air ☐ Artesian	I certify that the work	I certify that the work I performed on the construction, alteration, or abandonment				
Mr mub	of this well is in complia	ince with Oregon water	supply well ∞	nstruction	standards.	
Tield garmin Drawdown Waterials used and information reported accordance in the state of the sta						
74.6 61 211 1/hr. and belief. WWC Number						
	Dut.					
	Signed Date (bonded) Water Well Constructor Certification:					
Temperature of water 60 Depth Artesian Flow Found	. ` '				al.	
Was a water analysis done? Yes By whom	I accept responsibility performed on this well d	y for the construction, a	literation, or ab	andonment above. All	. work work	
Did any strata contain water not suitable for intended use? Too little	nerformed during this tip	me is in compliance wit	th Oregon wate	r supply w	eli	
Salty Muddy Odor Colored Other	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 Date 1-6-97					
Depth of strata:		011 100	, WWC N	ирбег <u>12</u>	38	
Depui of Strata.	Signed ()	VIVedato La	and	Date 1 -	0-9/	



NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required. The Oregon Health Division requires plans to be submitted and approved prior to construction if the well is to be used as a public system.