

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

BENT
 51147 WELL I.D.#

225101

(START CARD) # 117933

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

(1) OWNER: Well Number _____
 Name REYNOLD'S FARMS INC
 Address 4715 N.E. Hwy 20
 City CORVALLIS State OREGON 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 46 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	20	Cement	0	20	19
10	20	48				

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: 10	+1	76	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method HOLTE AIR PERFORATOR
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
24	40	3/8" x 3/16"	900			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150		92	1 hr.

Temperature of water 59 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 11 N or Range 4 E or WM.
 Section 18 ~~SW~~ NW 1/4 ~~NE~~ NE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 10-18-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 29'

From	To	Estimated Flow Rate	SWL
29	40	150	18

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown Sticky Clay	2	6	
Grey Sticky Clay	6	19	
Brown Sand	19	22	
Brown Sand + Gravel	22	40	
Blue Sticky Clay	40	47	

RECEIVED

APR 9 1999

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 10-8-98 Completed 10-18-98

(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 799
 Signed 642 Date 4-5-99