

Bent 51464  
 Name of owner Pleaserevise

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

WELL I.D.# L 37147  
 START CARD # 128436

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

(1) OWNER: City of Corvallis Well Number 3430  
 Name Water Supply Dept. Corvallis  
 Address 101 SW Western Blvd.  
 City Corvallis State Oregon Zip 97339

(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 64 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	18	Benlate	0	18	18 sacks
12	18	64	base			

How was seal placed: Method  A  B  C  D  E  
 Other Powered dry  
 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: 12	+1	59	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 61 1/4" x 6" flange outside

(7) PERFORATIONS/SCREENS:

Perforations Method Holt  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	40	1/4 x 1	3000	12"	12"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	60	1/4 x 1	800	12"	12"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" 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
1004 gpm		55'	1 hr.
110	37'		

Temperature of water 56 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 12 N of S Range 5 E of W. WM.  
 Section 12 SW 1/4 NW 1/4  
 Tax Lot 101 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Crystal Lake Sports Field Corvallis, OR

(10) STATIC WATER LEVEL:  
9 ft. below land surface. Date 4-21-00  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	34	1007 gpm	9

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Brown silt	1	3	
Red clay & silt	3	10	
Brown silt	10	15	
Medium gravel	15	34	9
Blue sandy clay	34	64	

**RECEIVED**

MAY 23 2000

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 4-19-00 Completed 4-20-00

(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.  
 Signed [Signature] WWC Number 1684  
 Date 5-10-00

(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.  
 Signed [Signature] WWC Number 314  
 Date 5/3/00

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

BENT  
51464

WELL I.D.# L 37147  
START CARD # 128436

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

(1) OWNER: Well Number 3480  
Name Mater Engineering - City of Corvallis  
Address 101 SW Westown Blvd.  
City Corvallis State Oregon Zip 97339

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
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(4) PROPOSED USE:  
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HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16	0	18	Bentonite	0	18	18 sacks	
12	18	64	Bore				

How was seal placed: Method  A  B  C  D  E  
 Other Poured dry  
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: 12	+1	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 61' 1/4" x 6" flat bar outside

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
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Depth of strata: \_\_\_\_\_

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County Benton Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
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\_\_\_\_\_ ft. below land surface. Date 4-21-00  
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WATER RESOURCES DEPT.  
SALEM, OREGON

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Signed Buggen WWC Number 11684 Date 5-10-00

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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.

Signed Butt WWC Number 514 Date 5/5/00