

BENT 51509
STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # 38285
START CARD # 128789

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

(1) OWNER: Well Number 1858
Name Kob Hilles
Address 26413 Franklin Rd
City Junction City State OR Zip 97448

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0'	19'	Bentonite	0'	19'	10 Sacks
6"	19'	49'				

How was seal placed: Method A B C D E
 Other Placed @ 1 sack per 5 minutes
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: 6"	1'	49'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 6" @ 49'

(7) PERFORATIONS/SCREENS:

Perforations Method Air Per-Separator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
28'	43'	5/16"	280			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30 GPM		49'	1 hr.

Pump Bailer Air Flowing Artesian

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 13S N or S Range 05W E or W. W.M. W
Section 35 SW 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) North of Eureka Rd. Corvallis, OR

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 5-18-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 28'

From	To	Estimated Flow Rate	SWL
28'	43'	30 GPM	10'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	10	
Sand & Gravel	10	47	10'
Cemented Gravel	47	48	10'
Blue Clay	48	49	10'

RECEIVED
JUL 11 2000
WATER RESOURCES DEPT
SALEM, OREGON

Date started 5-17-00 Completed 5-17-00

(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 1742 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.
Signed Donald J. [Signature] WWC Number 751 Date 5-18-00