

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

WELL I.D. # L 37805  
START CARD # 128516

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

(1) OWNER:

Name John Eveland Well Number \_\_\_\_\_  
Address 25159 Garage Hall RD.  
City Philomath State Oreg Zip 97370

(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 200'

Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL     |      |    | Sacks or pounds |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To  | Material | From | To |                 |
| 10"      | 0    | 59  | Grout    | 0    | 59 | 18 sacks        |
| 6"       | 59   | 200 |          |      |    |                 |

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:

| Casing: | Diameter | From | To | Gauge | Material                            |                          |                                     |                          |
|---------|----------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|         |          |      |    |       | Steel                               | Plastic                  | Welded                              | Threaded                 |
|         | 6"       | 0    | 59 | 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 \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at, | Time  | Flowing   |
|---------------|----------|----------------|-------|---|
|               |          |                |       |   |
| 30            | 187'     | 199'           | 1 hr. | <input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian |

Temperature of water 52 Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Yes  No  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

RECEIVED  
MAR 12 2001

(9) LOCATION OF WELL by legal description:

County Benton Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 12 N or S Range 6 E or W. WM.  
Section 13 NW 1/4 NW 1/4  
Tax Lot 800 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 25159 Garage Hall RD. Philomath, Oreg 97370

(10) STATIC WATER LEVEL:

8 ft. below land surface. Date 4-3-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 196

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 196  | 198 | 30 gpm              | 8'  |

(12) WELL LOG:

| Material             | From | To  | SWL |
|----------------------|------|-----|-----|
| from casing          | 0    | 4   |     |
| Top soil             |      |     |     |
| from casing          | 4    | 8   |     |
| clay brown clay      | 8    | 16  |     |
| from gravel          | 16   | 29  |     |
| and sand             |      |     |     |
| cemented gravel      | 20   | 24  |     |
| brown argill         | 24   | 35  |     |
| clay gray clay       | 35   | 45  |     |
| gray clay stone      | 45   | 48  |     |
| gray sand stone      | 48   | 150 |     |
| hard gray sand stone | 150  | 200 | 8'  |

Date started 3-28-00 Completed 4-3-00

(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.

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 1271  
Signed \_\_\_\_\_ Date 4-6-00