

10/17/2001

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

OCT 18 2001

WELL I.D. # L 34791

START CARD # 131827

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT. OREGON

(1) LAND OWNER

Name KYLE DUNNING Well Number _____
Address 4635 NE ELLIOTT CIR.
City CORVALLIS State OR Zip 97330

(2) TYPE OF WORK

[] New Well [] Deepening [x] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD:

[x] Rotary Air [] Rotary Mud [] Cable [] Auger
[] Other _____

(4) PROPOSED USE:

[] Domestic [x] Community [] Industrial [] Irrigation
[] Thermal [] Injection [] Livestock [] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [x] No Depth of Completed Well 53 ft.
Explosives used [] Yes [x] No Type _____ Amount _____

Table with columns: HOLE (Diameter, From, To), SEAL (Material, From, To), Sacks or pounds

How was seal placed: Method [] A [] B [] C [] D [] E
[] Other NA

Backfill placed from NA ft. to _____ ft. Material _____
Gravel placed from NA ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Drive Shoe used [] Inside [] Outside [x] None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[] Perforations Method _____
[x] Screens Type CONTINUES Material STAINLESS

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

[x] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time

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 44° 37' 02" Longitude 123° 13' 41"
Township 11S N or S Range 4W E or W. WM.
Section 18 1/4 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4635 NE ELLIOTT CIR CORVALLIS

(10) STATIC WATER LEVEL:

23 ft. below land surface. Date 9-14-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found NA

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Ground Elevation _____

Table with columns: Material, From, To, SWL

Date started 9-13-01 Completed 9-14-01

(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 _____ WWC Number _____ 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 [Signature] WWC Number 1238 Date 10-17-01