

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 53703
START CARD # 145206

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

(1) LAND OWNER Knoll Terrace - Dave Barrett Well Number 3680
Name Knoll Terrace - Dave Barrett
Address 5055 NE Elliott Circle
City Corvallis State OR Zip 97330

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other boom truck

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 39'9"
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material	From	To	Sacks or pounds
Diameter	From	To	Material				
8"			un disturbed				

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 21 ft. to 39'9" ft. Size of gravel 8-12

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8"				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	5"	5'	25'	180	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	39'9"	.020			5"	<input type="checkbox"/>	<input type="checkbox"/>

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

Flowing	Yield gal/min	Drawdown	Drill stem at	Time
<input type="checkbox"/> Artesian				
<input checked="" type="checkbox"/> Pump				1 hr.
<input type="checkbox"/> Bailer				
<input type="checkbox"/> Air				
<input type="checkbox"/> Artesian				
	<u>not measured</u>			

Temperature of water _____ 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 S Range 4 E or W WM
 Section 7 SW 1/4 SE 1/4
 Tax Lot 0664 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 5055 NE Elliott Circle - Corvallis, OR 97330

(10) STATIC WATER LEVEL:

18 ft. below land surface. Date 12-28-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
18	40	70	18

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL

RECEIVED
JAN 09 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-27-01 Completed 12-28-01

(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 16894
 Date 1-4-02