BENT 52225 BENT 52225

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L <u>L 56779</u> START CARD # <u>148227</u>

instructions for completing this report are on the last page of this form.			
(1) LAND OWNER Well Number DR-1707	(9) LOCATION OF WELL by legal		
Name VINZYARO / JOUNTAIN WATER	County BENTON Latitude	Longitude _	
Address 1615 N.W. WORDEN CIRCLE	Township Po Rang	e_ _5B ot W	Э wм.
City CORUALUS State ORS Zip 97330	Section NW 1/4	<u>SW</u> 1/4	
(2) TYPE OF WORK	Tax Lot 1100 LotBloc	ckSubdivision	
New Well Deepening Alteration (repair/recondition) Abandonment	Street Address of Well (or pearest addres		
(3) DRILL METHOD:	ANO Lewise	ura RO.	
★ Rotary Air	(10) STATIC WATER LEVEL:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Other	ft. below land surface.	Date /	0-12-02
	Artesian pressurelb. per		
(4) PROPOSED USE: □ Domestic	(11) WATER BEARING ZONES:	oquate men bute	
☐ Thermal ☐ Injection ☐ Livestock ☐ Other	(11) WATER BEARING ZONES:	1	
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found	<i>56'</i>	
Special Construction approval \(\text{Yes} \) No Depth of Completed Well \(\text{278} \) ft.	-	Ţ	L COMM
Explosives used Yes No TypeAmount	From To	Estimated Flow Rate	7
HOLE SEAL	56 60	6/12 Gpm	42'
	(SCALED-OFF)		
Diameter From To Material From To Sacks or pounds (2)			1
10" 62 100 Cement 62 100 14 saus (D)	115 156	50+ 60m	35'
8" 100 178	(12) WELL LOG:		
How was seal placed: Method □ A □ B 🕻 C 💢 D □ E	Ground Elevation		
Other			
Backfill placed fromft. toft. Material	Material	From To	SWL
Gravel placed fromft. toft. Size of gravel	TOP SOIL	0 1	
(6) CASING/LINER:	CLAY-BROWN	1 10	
Diameter From To Gauge Steel Plastic Welded Threaded	BASALT- BLACK	10 31	
Casing: 8^{11} 42 102 1250 125	SANOSTONE - PURCLE	31 33	
	SAMOSTONE-GRAY	33 95	42'
	BASALT - BLACK	95 /07	1
	SANOSTONE - GRAY-MIXED		
Liner:	JANOSTONE - BLUE GRAY	113 156	35'
	SANOSTONE-GEAU-MIXED	156 178	_
Drive Shoe used ☐ Inside	Samostone Gend-Illikes	126 110	1
Final location of shoe(s)			+
(7) PERFORATIONS/SCREENS:			+
Perforations Method			+
☐ Screens TypeMaterial	DECEIVED		+
Slot Tele/pipe	HECEIVED	RECEIVE	
From To size Number Diameter size Casing Liner	NOV 0 6 2002	DECEIA	
	1101 0 0 2002	APR 1 5 21	nho
	WATER RESOURCES DEPT	11 11 2 0 2	
	SALEM, OREGON "	WATER RESOURCE	raad B
		SALEM, OREG	ON
(8) WELL TESTS: Minimum testing time is 1 hour	Date started Con Con	npleted	02
Flowing	(unbonded) Water Well Constructor Certifi	ication:	
□ Pump □ Bailer Air □ Artesian	I certify that the work I performed on the construction, alteration, or abandon-		
Yield gal/min Drawdown Drill stem at Time	ment of this well is in compliance with Oregon water supply well construction		
50+ /60' 1 hr.	standards. Materials used and information rep	orted above are true to the be	est of my
	knowledge and belief.	WWC Number 15	581
	Signed LARRY H. GR	74 Date 10	-14-02
540	(bonded) Water Well Constructor Certifica	_	
Deput Artesian Flow Found			
performed on this well during the construction dates reported above. All work			
Did any strata contain water not suitable for intended use?			
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other construction standards This report is true to the best of my knowledge and belief.			
Depth of strata:	Signed Say W. My	Date 10	