BENT 53730

09-09-2008

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L _____

START CARD # 150595

(1) LAND OWNER

Owner Well I.D. _____

First Name DAVID Last Name GIBBS
Company _____
Address 6915 NE ELLIOTT CIRCLE
City CORVALLIS State OR Zip 97330

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☒ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 0.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
6	0	2	Other	0	2	20	P
6	2	158	Cement	2	158	21	S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

○ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Benton Twp 11.00 S N/S Range 5.00 W E/W WM
Sec 1 SE 1/4 of the SE 1/4 Tax Lot 2400
Tax Map Number _____ Lot _____
Lat 44 ° 38 ' 13.000 " or 44.63694444 DMS or DD
Long -123 ° 13 ' 57.000 " or -123.23250000 DMS or DD
◉ Street address of well ○ Nearest address

6915 NE ELLIOTT CIRCLE

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well			☐	

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
					☐	
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To

Date Started 08-22-2008 Completed 08-22-2008

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____
Electronically Filed
Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1238 Date 09-09-2008
Electronically Filed
Signed ORVAL HILDERBRAND (E-filed)
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER SUPPLY WELL REPORT - continuation page

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09-09-2008

WELL I.D. # L _____

START CARD # 150595

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	○		☐				○	○	☐	☐