

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

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

WELL I.D. # L85733
START CARD # 195070

(1) OWNER:

Well Number

Name Stanger, Susan M. Stanger
Address 2414 SW Airport Ave
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 450 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Seal or pounds
10"	0	59	Cement	0	59	19
6"	59	450				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	0	59	24	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations

Method _____

☐ Screens

Type _____

Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump

☐ Bailor

☒ Air

☐ Flowing

Yield gal/min

Drawdown

Drill stem at

Time

5 gal/min 3.79 449 1 hr.

Temperature of water 51 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 29 51 N Longitude 123 24 05 W
Township 13 N or S Range 6 E or W
Section 27 1/4 1/4
Tax Lot 101 Lot _____ Block _____ Subdivision _____
Street Address of _____ (or nearest address) 2414 SW Airport Rd
Philomath, Oreg 97370

(10) STATIC WATER LEVEL:

150 ft. below land surface. Date 5-9-08
Artesian pressure _____ lb. per square inch. Date 7-6-08

(11) WATER BEARING ZONES:

Depth at which water was first found 444

From	To	Estimated Flow Rate	SWL
<u>444</u>	<u>445</u>	<u>5 gal/min</u>	<u>150</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>brown clay in joint</u>	<u>0</u>	<u>6'</u>	
<u>red clay in joint</u>	<u>6</u>	<u>25'</u>	
<u>orange clay on large boulders</u>	<u>25</u>	<u>40'</u>	
<u>brown sandstone</u>	<u>40'</u>	<u>44'</u>	
<u>gray basalt</u>	<u>44'</u>	<u>150'</u>	
<u>black sandstone</u>	<u>150</u>	<u>350'</u>	
<u>black to light gray</u>	<u>350</u>	<u>450'</u>	<u>150'</u>
<u>white quartz</u>			
<u>in brown stone</u>			

Date started 5-9-08 Completed 5-16-08

(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 5-9-08 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 G. Walker WWC Number 12371 Date 6-1-08