

BENT 54370

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

WELL LABEL # L 76419
START CARD # 1013748

(1) LAND OWNER Owner Well I.D. 5136

First Name Last Name
Company Corvallis School District 509J
Address P.O. Box 3509J
City Corvallis State OR Zip 97339

(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 Rig not used

(4) PROPOSED USE Domestic Irrigation Community

Industrial/ Commercial Livestock Dewatering
Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)

Depth of Completed Well 0 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 6, 0, 189, Bentonite, 0, 189, 50, S

How was seal placed: Method A B C D E

Other Poured & probed

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stil, Plstc, Wld, Thrd. Includes diagrams of casing types.

Shoe Inside Outside Other Location of shoe(s)

Temp casing Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

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

Table for perforations/screens with columns: Perf/S, Casing/Screen, Dia, From, To, width, length, # of slots, 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)

Table for well tests with columns: Yield, Drawdown, Depth, Duration.

Temperature F Lab analysis Yes By

Water quality concerns? Yes (describe below)

Table for water quality with columns: From, To, Description, Amount, Units. Row 1: Existing, Total Dissolved Solids, 225, ppm

(9) LOCATION OF WELL (legal description)

County BENTON Twp 11 S N/S Range 5 W E/W WM
Sec 12 NW 1/4 of the SE 1/4 Tax Lot 400

Tax Map Number Lot

Lat DMS or DD

Long DMS or DD

Street address of well Nearest address

340 Granger Ave., Corvallis, OR 97330

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table for static water level with columns: Existing Well / Predeepening, Completed Well, SWL(psi), SWL(ft).

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found

Table for water bearing zones with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft).

(11) WELL LOG

Ground Elevation

Table for well log with columns: Material, From, To. Includes 'RECEIVED' stamps and contact info for Jones Drilling Co., Inc.

Date Started 11-18-2011 Completed 11-18-2011

(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.

License Number 1411 Date 11-21-2011

Password: (if filing electronically)

Signed [Signature]

(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.

License Number 1684 Date 11-21-2011

Password: (if filing electronically)

Signed [Signature] Contact Info (optional) jonesdrilling@hotmail.com

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Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)

Depth of Completed Well 0 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
6	0	189	Bentonite	0	189	50	S

How was seal placed: Method A B C D E

Other Poured & probed

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
<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"/>	<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"/>	<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"/>

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)

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 S N/S Range 5 W E/W WM

Sec 12 NW 1/4 of the SE 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

340 Granger Ave., Corvallis, OR 97330

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	SWL(psi)	SWL(ft)
Completed Well	SWL(psi)	SWL(ft)

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
Measured well at 189'. Screened bentonite. Poured in dry at a rate of 3 minutes per sack. Probed every 5'. Cut casing at floor level.		
RECEIVED		
NOV 22 2011		
WATER RESOURCES DEPT SALEM, OREGON		
JONES DRILLING CO., INC.		
29400 SANTIAM HWY.		
LEBANON, OR 97355		
541-367-2560 541-451-2686		
1-800-915-8388		

Date Started 11-18-2011 Completed 11-18-2011

(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 1411 Date 11-21-2011

Password: (if filing electronically) _____

Signed K. A. M. J.

(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 1684 Date 11-21-2011

Password: (if filing electronically) _____

Signed [Signature]

Contact Info (optional) jonesdrilling@hotmail.com

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.89