

BENT 54504

STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108527

START CARD # 207901

ORIGINAL LOG # _____

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

(1) LANDOWNER Owner Well I.D. _____
 First Name Jeff Last Name McGy
 Company _____
 Address 4661 N.W. Rosemarie Pl.
 City Corvallis State OR Zip 97330

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
 Seal Material _____
 Casing Type: Steel Plastic Other _____
 Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
 Depth of Completed Well 100 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
10	0	38 1/2	Cement	0	38 1/2	11	
6	38 1/2	100					

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
 Calculated Amount Proposed to be Used: _____ sacks/lbs
 Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		6	κ	1 1/2	38 1/2	.250	✓		✓	
	✓	4		0	100	160 psi		✓	✓	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method 1/4 Rand Holes
 Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		40	100		1/4" x 4"	300	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 20 Drawdown _____ Drill stem/Pump depth 100 Duration (hr) 1

Temperature 55 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS 120 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Benton Twp 11 N or S Range 5 E or W W.M.
 Sec 12 NE 1/4 of the SW 1/4 Tax Lot 1408
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address)
5630 ? HWY 99 Corvallis OR 97330

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>3-14-12</u>			<u>0</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 42

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-14-12</u>	<u>41</u>	<u>42</u>	<u>20</u>			<u>0</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Tan sticky clay</u>	<u>0</u>	<u>15</u>
<u>gray shale (med)</u>	<u>15</u>	<u>32</u>
<u>Blue sand Stone (med)</u>	<u>32</u>	<u>100</u>

RECEIVED
MAR 27 2012
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 3-13-12 Completed 3-14-12

(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 _____
 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 1753 Date 3-14-12
 Signed [Signature]
 Contact Info. (optional) _____