

STATE OF OREGON
WATER SUPPLY WELL REPORT

BENT 54534

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108530
START CARD # 208304
ORIGINAL LOG # _____

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

(1) LANDOWNER Owner Well I.D. _____

First Name _____ Last Name _____
Company Rain Tree Estates Owners Association
Address 895 NW RainTree DRIVE
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 545 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (cks/lbs)
10	0	38	cement	0	38	11
6	38	545				

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

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		6	x	1	38	.250	✓		✓	
	✓	4		0	545	100psi		✓	✓	

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

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		385	545		1/4 RA	800	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min 6 Drawdown _____ Drill stem/Pump depth 545 Duration (hr) 1

Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS 130 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Benton Twp 11 N or S E or W.M.
Sec 2 SE 1/4 of the NW 1/4 Tax Lot 372983
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) _____
SAME

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>6-5-12</u>			<u>50</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 75

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-5-12</u>	<u>74</u>	<u>75</u>	<u>6 gpm</u>			<u>50</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Brown sticky clay</u>	<u>0</u>	<u>11</u>
<u>Red sticky clay</u>	<u>11</u>	<u>17</u>
<u>Blue Basalt Hard</u>	<u>17</u>	<u>64</u>
<u>Red volcanic soft</u>	<u>64</u>	<u>100</u>
<u>Black Basalt Hard</u>	<u>100</u>	<u>137</u>
<u>Blue Basalt Hard</u>	<u>137</u>	<u>545</u>

RECEIVED

JUN 14 2012

**WATER RESOURCES DEPT
SALEM, OREGON**

Date Started 5-30-12 Completed 6-5-12

(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 6-6-12
Signed [Signature]
Contact Info. (optional) _____