

STATE OF OREGON
WATER SUPPLY WELL REPORT

BENT 54622

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 109931
START CARD # 208872
ORIGINAL LOG # _____

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

(1) LANDOWNER Owner Well I.D. _____
First Name John Last Name Dinnis
Company _____
Address 30129 CAMP ADAIR RD
City McMinnville State OR Zip 97361

(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 80 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (Scks/lbs)
10	0	20	Cement	0	20	6
6	20	80				

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	2	58	250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 58 1/2
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ 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)
15		80	1

Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS 276 ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Benton Twp 10 N or S Range 4 E or W.M.
Sec 16 SW 1/4 of the NW 1/4 Tax Lot 600
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

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	10-12-12			27

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 60

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-12-12	60	65	15			27

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown dirt	0	3
Blue sticky clay	3	18
Blue clay gravel	18	29
Blue clay	29	32
Blue clay sand	32	55
Blue sand some clay	55	70
Blue clay	70	80

RECEIVED BY OWRD

NOV 20 2012 OCT 17 2012
SALEM, OR SALEM, OR
Date Started 10-12-12 Completed 10-12-12

(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 10-12-12
Signed _____
Contact Info. (optional) _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

BENT 54622

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 109931

START CARD # 208872

ORIGINAL LOG # _____

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

(1) LANDOWNER Owner Well I.D. _____
First Name John Last Name Dennis
Company _____
Address 30129 CAMP ADAIR RD
City Madras State OR Zip 97361

(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 80 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (Scks/lbs)
10	0	20	Cement	0	20	6
6	20	80				

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/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓	6	x	2	58	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 58 1/2
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/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 15 Drawdown _____ Drill stem/Pump depth 80 Duration (hr) 1

Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS 270 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Benton Twp 10 N of 0 Range 4 E or W W.M.
Sec 16 SW 1/4 of the NW 1/4 Tax Lot 600
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	10-12-12			27

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-12-12	60	65	15			27

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown dirt	0	3
Blue sticky clay	3	18
Blue clay gouge	18	29
Blue clay	29	32
Blue clay sand	32	55
Blue sand fine clay	55	70
Blue clay	70	80

RECEIVED BY OWRD

OCT 17 2012

SALEM, OR

Date Started 10-12-12 Completed 10-12-12

(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 10-12-12

Signed [Signature]

Contact Info. (optional) _____