

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

WELL LABEL # L 110109

START CARD # 1020421

(1) LAND OWNER
Owner Well I.D. 5334
First Name Stanley Last Name Starr
Company
Address 5869 Springhill Rd.
City Albany State OR Zip 97321

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 55 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Row 1: 16, 0, 40, Bentonite, 0, 18, 22, S

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other Poured dry
Backfill placed from 18 ft. to 40 ft. Material gravel Size 3/4"
Explosives used: [] Yes Type Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd
[X] [] 12 [X] 2 40 250 [] [] [] []

Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [X] Yes Dia 16 From 0 To 40

(7) PERFORATIONS/SCREENS
Table with columns: Perf, Casing, Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min 150 Drawdown 17 Drill stem/Pump depth Duration (hr) 2

Temperature 54 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County BENTON Twp 10 S N/S Range 4 W E/W WM
Sec 14 SE 1/4 of the NW 1/4 Tax Lot 600
Tax Map Number Lot
Lat Long
Street address of well [X] Nearest address []
5869 Springhill Rd., Albany, OR 97321

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 07-10-2013 13
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG
Table with columns: Material, From, To
Topsoil 0 2
Brown clay 2 16
Silty clay 16 19
Silty sandy conglomerate 19 32
Sand & Gravel RECEIVED BY OWRD 32 39
Blue clay 39 54
Blue grey sandstone 54 55
AUG 23 2013
RECEIVED BY OWRD
SALEM, OR
JONES DRILLING CO., INC. AUG 18 2013
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
SALEM, OR

Date Started 07-09-2013 Completed 07-10-2013

(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 08-12-2013
Password: (if filing electronically)
Signed KTD

(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 08-12-2013
Password: (if filing electronically)
Signed
Contact Info (optional) jonesdrilling@hotmail.com

BENT 54763

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # 110109

START CARD # 1020421

(1) LAND OWNER Owner Well I.D. 5334

First Name Stanley Last Name Starr
 Company _____
 Address 5869 Springhill Rd.
 City Albany State OR Zip 97321

(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 _____

(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 55 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	40	Bentonite	0	18	22	S
10	40	55					

How was seal placed: Method A B C D E

Other Poured dry

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		2	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 16 From 0 To 40

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut
 Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Dia	From	To	Sem/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing		20	40	.438	12	228	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150	17		2

Temperature 54 °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 10 S N/S Range 4 W E/W WM
 Sec 14 SE 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 Nearest address

5869 Springhill Rd., Albany, OR 97321

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-10-2013		13

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-10-2013	20	38	150		13

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	16
Silty clay	16	19
Silty sandy conglomerate	19	32
Sand & Gravel	32	39
Blue clay	39	54
Blue grey sandstone	54	55

RECEIVED BY OWRD

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29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

AUG 13 2013

SALEM, OR

Date Started 07-09-2013 Completed 07-10-2013

(unbonded) Water Well Constructor Certification

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License Number 1411 Date 08-12-2013

Password : (if filing electronically)

Signed K. J. Jones

(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 08-12-2013

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