

BENT 54843

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

WELL LABEL # L 112508

START CARD # 1021820

(1) LAND OWNER Owner Well I.D. 5381

First Name _____ Last Name _____
 Company WK & K Ltd. Partnership
 Address 3122 SE Stahlbusch Island Rd.
 City Corvallis State OR Zip 97333

(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 81 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	80	Cement	15	18	9	S
10	80	160	Bentonite	0	15	18	S

How was seal placed: Method A B C D E

Other Poured dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 36 ft. to 18 ft. Material Gravel Size 3/4&1/2

Explosives used: Yes Type _____ Amount 8000 lbs

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	1.6	81	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 16 From 0 To 79

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut slots

Screens Type _____ Material _____

Perf/S	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
Perf	Casing					width	length	slots	pipe size
			12	31	81	.25	71	250	

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

<input checked="" type="radio"/> Pump	<input type="radio"/> Bailer	<input type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
180	25		4

Temperature 53 °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 4 W E/W WM
 Sec 8 NE 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

3400 NE Grainger, Corvallis, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____ + _____

Completed Well 12-23-2013 _____ + 34

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-23-2013	35	65	180		34

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	20
Sandy brown clay	20	30
Brown clay with sand & gravel	30	50
Cemented gravel	50	65
Blue clay	65	70
Grey clay	70	75
Brown clay	75	130
Sandy brown clay	130	140
Brown sticky clay	140	160
Naturally caved from	81	160

JONES DRILLING CO., INC.
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388
 Date Started 12-09-2013 Completed 12-23-2013 SALEM, OR

(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 1888 Date 01-07-2014

Password : (if filing electronically) _____

Signed *Ken Sillott*

(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 1584 Date 01-07-2014

Password : (if filing electronically) _____

Signed *[Signature]*

Contact Info (optional) jonesdrilling@hotmail.com