

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

MAY 28 2014

WELL LABEL # L 113644

START CARD # 210480

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

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company Mary's River Lumber
Address 4515 NE Elliott Circle
City Corvallis State OR Zip 97330

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 103 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (cks/lbs)
10	0	32	Cement	0	32	10
6	32	103				

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 _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	6	X	1	32	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	4		0	103	160psi		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

Perf	Scrn	Csng/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		23	103		1/4" x 4"	450	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 10 Drawdown _____ Drill stem/Pump depth 100 Duration (hr) 1

Temperature 58 °F Lab analysis Yes By TDS 160
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Benton Twp 12 N or S Range 6 E or W W.M.
Sec 11 SE 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 24515 Hwy 20 Philomath OR, 97370

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-20-14</u>			<u>16</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>5-20-14</u>	<u>75</u>	<u>76</u>	<u>10</u>			<u>16</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Brown Topsoil</u>	<u>0</u>	<u>3</u>
<u>Brown Sticky clay</u>	<u>3</u>	<u>16</u>
<u>Brown Basalt (soft)</u>	<u>16</u>	<u>23</u>
<u>Brown Basalt (Hard)</u>	<u>23</u>	<u>90</u>
<u>Blue Basalt (Hard)</u>	<u>90</u>	<u>103</u>

Date Started 5-20-14 Completed 5-20-14

(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 5-20-2014
Signed [Signature]
Contact Info. (optional) _____