

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Natural Areas & Parks Dept Benton County
 Address 360 SW AVERY AVE
 City CORNALLIS State OR Zip 97333-1192

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(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 100 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	lbs
10	0	43	Bentonite	0	43	22	
6	43	100				21	Calculated
							Calculated

How was seal placed: Method A B C D E
 Other Placed Center by Hand
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Pounds Actual Amount _____ Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	43	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	0	100	1/4psi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia	Di	width	length	slots	pipe size	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4	40	100		1/4" H	400	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1/2 Drawdown 100 Drill stem/Pump depth 1 Duration (hr) _____
 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 220
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
 County Benton Twp 10 N S Range 6 E W WM
 Sec 29 NW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

38150 FT HOSKINS RD. PHOENIX OR, 97370

(10) STATIC WATER LEVEL
 Date _____ SWL (psi) _____ + SWL (ft) _____
 Existing Well / Pre-Alteration _____
 Completed Well 8-24-16 50
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 55

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
8-24-16	55	56	1 1/2		50

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Topsoil	0	2
Brown Sticky clay	2	20
Light Brown Sticky clay	20	32
Brown/Blue Sticky clay	32	35
Blue sandstone	35	100

RECEIVED BY OWRD

SEP 21 2016

SALEM, OR

Date Started 8-24-16 Completed 8-24-16

(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 8-24-2016
 Signed Cliff King
 Contact Info (optional) _____