

(1) **LAND OWNER** Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Philomath Scout Lodge
 Address _____
 City Philomath State OR Zip 97370

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

(2a) **PRE-ALTERATION**
 Casing: Dia + From To Gauge Stl Plstc Wld Thrd
6 1 1/2 0 250
 Seal: Material From To Amt sacks/lbs

(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 106 ft.
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
						Calculated	
						Calculated	

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 _____

(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 type="checkbox"/>	<u>6</u>	<input checked="" type="checkbox"/>	<u>1 1/2</u>	<u>0</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
green	Liner	Dia	From	To	width	length	slots	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)

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

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County Benton Twp 12 NS Range 5 EW WM
 Sec 6 SW 1/4 of the SE 1/4 Tax Lot 401
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

660 Clemens Mill Road Philomath, OR 97370

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>7-4-17</u>			<u>17</u>

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) **WELL LOG** Ground Elevation _____

Material	From	To

 RECEIVED BY OWRD
 JUL 07 2017
 SALEM, OR
 1 1/2 WELL HEAD EXT

Date Started 7-4-17 Completed 7-4-17
 (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 7-4-17
 Signed [Signature]
 Contact Info (optional) _____