

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Saint Martin Catholic Church  
 Address 925 NW Camellia Dr  
 City Corvallis State OR Zip 97330

(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

 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 260 ft.  
 BORE HOLE SEAL 

Dia	From	To	Material	From	To	Amt	sacks/lbs
10"	0'	39'	Bentonite	0'	39'	17	Scks
6"	39'	260'				16	Scks
						Calculated	

How was seal placed: Method  A  B  C  D  E  
 Other as per OAR 690-210-340 Screened  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material 4 Hyd.  
 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"		1'	39'	.250	<input checked="" type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	4"		0'	260'	.160		<input checked="" type="checkbox"/>		

 Shoe  Inside  Outside  Other Location of shoe(s) None  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method Elect Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf/S	Casing/Screen	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
	<input checked="" type="checkbox"/>		140'	180'	4"	4"	30	
	<input checked="" type="checkbox"/>		240'	260'	4"	4"	60	

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
49 gpm		260'	2 hrs

 Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 132  

From	To	Description	Amount	Units

**BENT 55784**  
 (9) LOCATION OF WELL (legal description)  
 County Benton Twp 11S NS Range 5W E/W WM  
 Sec 23 NW 1/4 of the NE 1/4 Tax Lot 1400  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

925 NW Camellia Dr Corvallis, OR.

(10) STATIC WATER LEVEL  

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	8-14-18			115'

 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 143'  

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-14-18	143'	145'	49 gpm			115'

(11) WELL LOG Ground Elevation \_\_\_\_\_  

Material	From	To
Topsoil w/Gravel	0	2
Brown Clay (Sticky)	2	23
Weathered Sand Stone	23	31
Grey Sand Stone (SoSA)	31	34
Grey Sand Stone (Med)	34	210
Grey Sand Stone (Soft)	210	260

RECEIVED

AUG 24 2018

OWRD

Date Started 8-13-18 Completed 8-14-18  
 (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 751 Date 8-14-18  
 Signed Dr. Joe Poring  
 Contact Info (optional) Mid Valley Drilling Inc  
541-847-5470 Joe Poring