

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

WELL I.D. LABEL#	141912
START CARD #	218231
ORIGINAL LOG #	

(J) LAND OWNER Owner Well I.D.
First Name STARKER Last Name FOREST
Company B S G Logging
Address P.O. Box 458
City Philomath State OR Zip 97370

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

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

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Community
☒ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

Depth of Completed Well 340 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
10	0	18 1/2	Cement	0	18 1/2	5	
6	18 1/2	240			Calculated	5	
					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 _____

Proposed Amount	Pounds	Actual Amount	Pounds
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Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	6	☒	1 1/2	18 1/2	1250	☒	☐	☐	☐
☐	☒	4	☐	0	240	160psi	☐	☒	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other ☐ Location of shoe(s)

Temp casing ☒ Yes Dia 10 From 0 To 5

Perforations Method 7/4 Rand Holes Drilled
Screens Type _____ Material _____

[illegible]

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
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40		240	1

Temperature **56** °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 125

From	To	Description	Amount	Units
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From	To	Description	Amount	Cmts

County Benton Twp 11 N/S 6 E W/W

Sec 33 NW 1/4 of the NE 1/4 Tax Lot 20
Tax Map Number Lot

Lat _____ ° _____ ' _____ " or _____ DMS or DD
Long _____ ° _____ ' _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

23888 Hwy 20 Philomath, OR 97370

Date	SWL(psi)	+	SWL(ft)
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Existing Well / Pre-Alteration			
Completed Well	11-9-21		7

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 100

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-9-21	100	225	40			7

Ground Elevation

Material	From	To
Road Rock / Rip RAP	0	4
Brown Sticky Clay	4	5
Brown Basalt	5	7
Blue Basalt	7	10
Blue Basalt with Quartz	10	95
Black Basalt with Quartz seams	95	225
Blue Basalt	225	240
RECEIVED		
NOV 15 2021		
OWRD		

Date Started 11-8-2021 Completed 11-9-2021

(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 11-9-2021

Signed 

Contact Info (optional) _____