

STATE OF OREGON
WATER SUPPLY WELL REPORT

BENT 57069

WELL I.D. LABEL# L

158356

START CARD #

1083246

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

9/2/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name KIRBYLast Name SAND

Company _____

Address 7245 NW SOMERSET DRCity CORVALLISState ORZip 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
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger☐ 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 404.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	27.5	Cement	0	27.5	9	S
6	27.5	404			Calculated	8	
					Calculated		

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☐ Other: _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/17/2026 Begin Time 15 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒	1	27.5	0.250	ST	☒			
L	4		0	404	SDR26	PL	☒			

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 6**(7) PERFORATIONS/SCREENS**Perforations Method .250 round holes drilled

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	284	404	.25	0.25	600	

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	10		400	1

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 95 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County BENTON Twp 11.00 S N/S Range 5.00 W E/W WMSec 2 SW 1/4 of the NE 1/4 Tax Lot 1700

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.64582176 DMS or DD

Long _____ ° _____ ' _____ " or -123.25629615 DMS or DD

☒ Street address of well ☐ Nearest address7245 NW SOMERSET DR, CORVALLIS, OR 97330**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/19/2026			160
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 370.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/19/2026	370	380	10			160

(11) WELL LOGGround Elevation 528.47 FT

Material	From	To
road rock	0	2
old top soil	2	4
small gravel	4	6
brown sticky clay	6	19
brown basalt	19	20
blue basalt	20	152
blue basalt with quartz	152	170
red volcanic	170	173
blue basalt	173	210
black basalt	210	235
gray basalt	235	280
blue basalt	280	310
black basalt with quartz	310	365
red volcanic	365	370
blue basalt fractured with quartz	370	380
blue basalt	380	404

Construction

Begin Date 8/17/2026 Begin Time 10 00 End Date 8/19/2026**(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 9/2/2026Signed CLINTON KINNEY (E-filed)Drilling Company: corvallis drilling co inc

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

Comments/Remarks

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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9/2/2026

Map of Hole

