

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

BENT 654

RECEIVED
BENT 654
JAN 31 1991

1/5/40/b
24109

(START CARD) # 24109

(1) OWNER: Name Gary Ferguson
Address 633 Nadergalt Loop RD.
City Adrian State Oreg Zip 97371

WATER RESOURCES DEPT. LOCATION OF WELL by legal description:
SALEM, OREGON

County Denton Latitude _____ Longitude _____
Township 11 N of 9 Range 4 E of 10 WM.
Section 6 1/4 _____ 1/4 _____
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Patterson RD. Lewisburg, Oreg

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 140 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	39	Cement	0	39	10
6"	39	140				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	39	290	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	140	188	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Shell Screen
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	135	4" long	110	1/2" wide		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 30 Drawdown 109 Drill stem at 139 Time 1 hr.

Temperature of water 52 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 1-26-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 122'

From	To	Estimated Flow Rate	SWL
122	126	30 gal/min	30'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay and grit	0	6	
Brown and gray clay	6	10	
Brown sandy clay	10	15	
Brown and gray clay	15	24	
gray sand stone	24	55	
hard gray sand	55	115	
stone	115	140	30'

Date started 1-24-91 Completed 1-26-91

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
Signed R. With WWC Number 1271 Date 1-29-91



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

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FEB 08 2018

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): DAVID BEISIEGEL
Mailing Address: 6400 NE PETTIBONE DR
City, State, Zip: CORVALLIS, OR 97330
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 11S (North / South) Range: 4W (East / West) Section: 6 1/4 of the 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 2300 County BENTON
GPS Coordinates:
Street Address of Well, City: 6400 NE PETTIBONE DR
If the property had a different street address in the past: PETTIBONE DR formerly part of TL 500

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): DOMESTIC
Date Well Constructed (or property built): 1/26/91 Total Well Depth: 140' Casing Diameter: 6"
Owner at time the well was constructed (if known): GARY FERGUSON Well Log # (if known): BENT 654
Other Information:

SUBMITTED BY (please print): DAVID GIBBS M&H PUMP SERVICES
PHONE: 541-740-3859 EMAIL &/or FAX: mhpump@msn.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

2-8-18

Well Log Number:

BENT 654

Well Identification #:

L-129023