

16

BENT 761

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AUG 30 1991

12S/5W/12da

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

WATER RESOURCES DEPT (START CARD) # 26846
OREGON

(1) OWNER: Well Number: _____
Name William Chambers
Address 3122 Stahlbush Island Rd.
City Corvallis State OR Zip 97333

(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 35 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	18'	cement	0	18'	7 sacks
12"	18'	35'				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:	12"	+14"	33'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			06"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) 33'06"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
22'06"	33'6"	3/8"	100	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 120 gpm Drawdown 0' Drill stem at _____ Time 1 hr.

Temperature of water 54 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: _____

(9) LOCATION OF WELL by legal description:
County Benton Latitude _____ Longitude _____
Township 12 S N or S. Range 5 W E or W. WM.
Section 12 NE 1/4 SE 1/4
Tax Lot 0100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:
18' ft. below land surface. Date 8-23-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22'	32'	120gpm	18'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	4	
Brown sandy clay & gravel	4	16	
Brown sand & gravel	16	22	
Washed brown sand & gravel	22	32	18
Blue clay	32	35	

Date started 8-20-91 Completed 8-23-91

(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 [Signature] WWC Number 1378
Date 8-26-91



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

RECEIVED

DEC 26 2019

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): WK & K Land, LP
Mailing Address: 3122 Stahlbush Island Rd
City, State, Zip: Corvallis, OR 97333
Mail Well ID 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: 12S (North / South) Range: 05W (East / West) Section: 12 SE 1/4 of the SW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Linn- Bent
GPS Coordinates: 44 deg. 32' 3.54 N 123 deg. 14' 39.01W
Street Address of Well, City: 3122 Stahlbush Island Road, Corvallis, OR 97333
If the property had a different street address in the past: N/A

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

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Industrial
Date Well Constructed (or property built): 8/30/1991 Total Well Depth: 35 ft Casing Diameter: 12 in.
Owner at time the well was constructed (if known): WK & K Land, LP Well Report # (if known): BENT 761
Other Information:

SUBMITTED BY (please print): Tina Galloway, Director of Agriculture Quality & Compliance
PHONE: (541) 757-1497 EMAIL &/or FAX: tina@stahlbush.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: 12-26-19 Well Report Number: BENT 761 Well Identification #: L-137028