

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

*Bent*  
*7790*

**RECEIVED**  
**JUL 10 1995**

*115/4W/29aa*

(START CARD) # 69503

Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT.

(1) OWNER: Well Number \_\_\_\_\_

Name College of Forestry  
 Address Oregon State University  
 City Corvallis State OR Zip 97331

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 45 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18'	cement	0	18'	9 1/2 sacks
8"	18'	45'				

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:	8"	+16"	32"	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			08"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 32' 08"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
22'	32'	3/8"	70	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
08"	08"	x12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
110 gpm	1'		1 hr.

Temperature of water 55 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 11 S N or S Range 4 W E or W. WM. \_\_\_\_\_  
 Section 29 NE 1/4 NE 1/4 \_\_\_\_\_  
 Tax Lot 802 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

Strawberry Ln. - Corvallis

(10) STATIC WATER LEVEL:  
18' ft. below land surface. Date 6-29-95  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
19'	29'	110 gpm	18'

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	9	
Brown sandy clay	9	14	
Brown sandy clay & gravel	14	19	
Brown sandy & gravel	19	29	
Blue clay	29	45	

Date started 6-26-95 Completed 6-29-95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 1378  
 Signed [Signature] Date 7-6-95