

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

BENT 804

NOV - 7 1991

(START CARD) #

11/5W-2
 37050

(1) OWNER:

Name Marvin McDougal
 Address 30992 Echo Hills Terrace
 City Wagon State OR Zip 97355

Well Number 2410

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	25	Cement	0	25	7 sacks
6	0	405	Bore			

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	1/2	25	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30 gpm		405	1 hr.

Temperature of Water 56° 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 N or S. Range 5 E or W. WM.
 Section 2 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

100 ft. below land surface. Date 10/31/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 267

From	To	Estimated Flow Rate	SWL
267	268	30 gpm	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsail	0	3	
Brown Basalt	3	5	
Basalt, Red & Blue	5	405	

Date started 10/29/91 Completed 10/30/91

(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 Bar Jones WWC Number 514
 Date 11/5/91

FOR WATER RESOURCES DEPARTMENT USE ONLY	
Date Postmarked <u>10/19/91</u>	W- 37050
Date Hand-delivered <u>10/21/91</u>	WRD Receipt <u>80094</u>
Watermaster Initials <u>SD</u>	Date Fee Received <u>10/21/91</u>

CHECK NO. 4099

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
 (as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A **\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well** (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

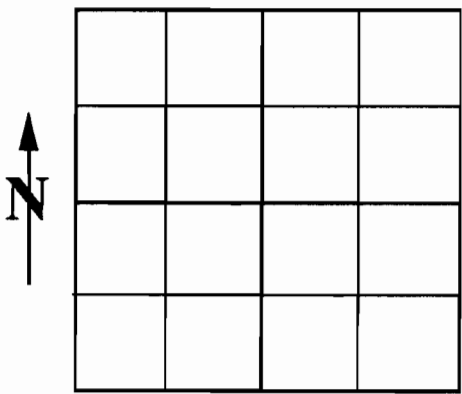
Owner's name and mailing address Marvin McDougal
30992 Echo Hills Terrace
Lebanon, OR 97355

Check type of work: Fee Required New construction Conversion No Fee Required Repair Deepening Recondition Abandonment

Proposed Commencement Date 10/18/91 Existing or Proposed Well Depth 300' Diameter 6"

Check Use: Domestic Community Industrial Irrigation Monitoring Thermal Injection Other _____

Proposed Well Location: County Benton Owner's Well Id. No. 2405
 Township 11 (N or S) Range 5 (E or W) Section 2



- NW 1/4 of SW 1/4 of above section
- Street address of well location Vineyard Mountain Rd.
- Tax lot number of well location _____
- Attach map with location identified. (See reverse of this form for approved maps)
- Show well location within 1/4, 1/4 of section grid at left.

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

 Owner's signature

 Title

 Home phone

 Date

 Work phone

Bob D. Jones
 Bonded Water Well Constructor
 License No. 514
 Company Jones Drilling Co., Inc.

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM
 If no fee applies, discard this copy

WELL IDENTIFICATION FORM

Owner's Well Number: # 2

RECEIVED

CURRENT WELL OWNER:

Phone _____

AUG - 9 1996

Name: Marvin Mc Dougal

WATER RESOURCES DEPT.
SALEM, OREGON

Mailing Address: 30992 Echo Hills Terrace

City: Sebanon

State: OR

Zip: 97330

WELL LOCATION:

County: Linn

Bent 804

Latitude: _____

Longitude: _____

Township: 11 N or S, Range: 5 E or W Section: 2 1/4 1/4

Tax Lot Number: _____

Street Address of Well (if different from above): _____

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: 37050 Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: _____

209049