

16

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

RECEIVED
BENT 967
AUG - 5 1992

125/5w/24

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 99269

(1) OWNER: Well Number _____
Name Charles E Finley
Address 2025 S.E. Powell's Rd
City Corvallis State OREGON 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 45 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>14</u>	<u>0</u>	<u>18</u>	<u>Cement</u>	<u>0</u>	<u>18</u>	<u>15</u>
<u>10</u>	<u>18</u>	<u>45</u>				

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: <u>10</u>	<u>+1</u>	<u>39</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39

(7) PERFORATIONS/SCREENS:
 Perforations Method HOLTE AIR PERFORATOR
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>22</u>	<u>38</u>	<u>3/8x2</u>	<u>600</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>150</u>		<u>92</u>	<u>1 hr.</u>

Temperature of Water 57° 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 N or S Range 5 E or W WM.
Section 19 1/4 _____ 1/4 _____
Tax Lot 00803 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 7-10-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 23'

From	To	Estimated Flow Rate	SWL
<u>23</u>	<u>27</u>	<u>100</u>	
<u>36</u>	<u>39</u>	<u>50</u>	

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
<u>Topsoil</u>	<u>0</u>	<u>2</u>	
<u>Brown Sandy Clay</u>	<u>2</u>	<u>7</u>	
<u>Brown Sand + GRAVEL</u>	<u>7</u>	<u>29</u>	
<u>Brown Clay + GRAVEL</u>	<u>29</u>	<u>36</u>	
<u>Blue Sand + GRAVEL</u>	<u>36</u>	<u>39</u>	
<u>Blue Clay</u>	<u>39</u>	<u>45</u>	

Date started 7-3-92 Completed 7-10-92

(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 Greg A. King WWC Number 799
Date 7-13-92



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

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

I. OWNER INFORMATION

Current Owner Name (please print): Charles Eugene Finley & Carol Louise Finley Revocable Living Trust
Mailing Address:
City: State: Zip:
Mailing Address (to send Well I.D.): 2131 SE Powells RD (Corvallis OR 97333)
City: Corvallis State: OR Zip: 97333

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 12 S (North/South) Range: 5 W (East/West) Section: 24
Tax Lot: 803 County: Benton SW 1/4 NE 1/4
Street Address of Well: 2075 SE Powells RD City: Corvallis
Owner at time the well was constructed, (if known): Finley Living Trust
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation
Date Well Constructed: 7-10-1992 Total Well Depth: 45 ft Casing Diameter: 10"
Other Information:

SUBMITTED BY (please print): Elizabeth Lenahan - Trustee
PHONE: 541-758-1403 FAX:

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: 6.15.12 Well Log Number: BENT 967 Well Identification #: L 109492