

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

BENT BENT 980
980

115/4w/8bc
45570

(START CARD) #

(1) **OWNER:** Well Number 2481
 Name USDA
 Address 1220 SW 3rd Ave Rm 1640
 City Portland State OR Zip 97204

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	18	Cement	0	18	17 Sacks
12	0	97	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:**

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	1 1/2	42 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		57 1/2	64 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		79 1/2	100 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) **PERFORATIONS/SCREENS:**
 Perforations Method _____
 Screens Type _____ Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
42 1/2	57 1/2	.050			8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
64 1/2	79 1/2	.050			8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30gpm		95	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 4 E or W WM.
 Section 8 SW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3413 NE Grange Ave.

(10) **STATIC WATER LEVEL:**
31 ft. below land surface. Date 8/7/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 31

From	To	Estimated Flow Rate	SWL
31	85	30gpm	31

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown Clay	1	35	
Brown Sand & Clay	35	40	
Sand + Gravels	40	47	
Brown Clay	47	48	
Sand + Gravel	48	50	
Brown Clay	50	56	
Blue Clay	56	59	
Black Sand	59	60	
Blue Clay	60	85	
Black Sand	85	87	
Blue Clay	87	98	
Blue Green Clay	98	100	

RECEIVED

AUG 20 1992

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8/7/92 Completed 8/9/92

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 514
 Signed Best Stone Date 8/18/92

BENT 980

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 8-8-92
Date Hand-delivered _____
Watermaster Initials _____

W- 45570
WRD Receipt 90324
Date Fee Received 8-10-92

CHECK NO. _____

RECEIVED

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

AUG 10 1992

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 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 United States Dept of Agriculture
Plant Material Center
3415 NE Granger Ave.
Corvallis, OR 97330

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

Proposed Commencement Date 8/7/92 Existing or Proposed Well Depth 200' Diameter 8"

Check Use: Domestic Community Industrial Irrigation Monitoring Thermal Injection Other

Proposed Well Location: County Benton Owner's Well Id. No. 2481

Township 11 (N or S) Range 4 (E or W) Section 8

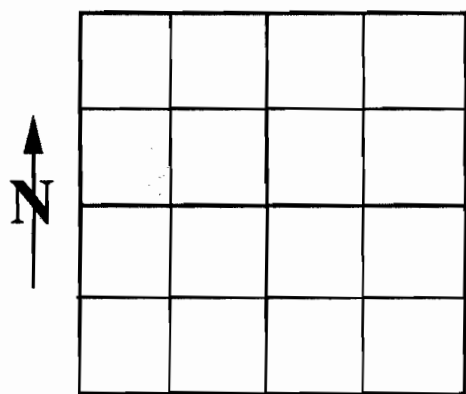
1. SW 1/4 of NW 1/4 of above section

2. Street address of well location 3415 NE Granger Ave.

3. Tax lot number of well location _____

4. Attach map with location identified. (See reverse of this form for approved maps)

5. 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 _____ Date _____
Home phone _____ Work phone _____

[Signature]
Bonded Water Well Constructor
License No. 514

Company Jones Well Drilling

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