

STATE OF OREGON
WATER WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

LANE 4127
SEP 17 1993

155/5W/9da
57040
(START CARD) #

(1) OWNER: Well Number 943
Name Bill Merchant
Address 272 ADOBE MESA
City Roswell State N.M. Zip 88201

(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 110 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	58'	Cement	0'	58'	10 Sacks
6"	58'	110'				

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"	12'	58'	.250	☒	☐	☒	☐
Liner: <u>None</u>				☐	☐	☐	☐

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>None</u>						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
☐ Artesian			
Yield gal/min	Drawdown	Drill stem at	Time
<u>20 GPM</u>		<u>110'</u>	<u>1 hr.</u>

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 Lane Latitude _____ Longitude _____
Township 15S N or S. Range 5W E or W. WM. _____
Section 9 NE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 95818 Territorial Rd. Monmouth, OR 97456

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 8/18/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80'	89'	20 GPM	25

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	0
Brown Clay	2	24	0
Weathered Sandstone	24	52	0
Dark Gray Sandstone	52	110	25

Date started 8/18/93 Completed 8/18/93
(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 K. J. D. Miller WWC Number 1411
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 Donald J. Foring WWC Number 751
Date 8/29/93



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

RECEIVED

FEB 19 2009

Application for

Well ID Number

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well I.D Number or if you do not own the property where the well is located.

I. OWNER INFORMATION

Current Owner Name (please print): Richard Brunader
Mailing Address: 95818 Territorial Hwy
City, State, Zip: Monroe, OR 97456
Mailing Address (to send Well I.D.): Same
City, State, Zip: _____

II. WELL INFORMATION

Township: 15S (North/South) Range: 5 (East/West) Section: 16
Tax Lot: 801 County Lane 1/4 _____ 1/4 _____
Lot: _____ Block: _____ Subdivision: _____
Street Address of Well, City, State: 95818 Territorial Hwy. Monroe, OR 97456
Owner at time the well was constructed, (if known): _____
If the property had a different street address in the past: no -

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

Type of Well (domestic, irrigation, commercial, industrial, monitoring, etc.): _____
Date Well Constructed: _____ Well Depth: _____ Casing Diameter: _____
Other Information: _____

SUBMITTED BY (please print): Lisa Johnson, Realtor
PHONE: 541-510-4601 FAX: 541-225-5188
HORSEPOWER REAL ESTATE
94767 Love Lake Rd Junction City OR 97448

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

For Official Use Only by the Oregon Water Resources Department:

Received Date: _____	Well Log Number: <u>LANE 4127</u>	Well Identification Tag #: <u>99883</u>
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FLOW TEST**M & H WELL DRILLING, INC.**

7235 N.W. APPALOOSA DR.

CORVALLIS, OR

ORVAL HILDERBRAND

PH. 745-5385

NAME RICHARD BRUNADER DATE 1/5/09
 ADDRESS c/o TONYA FREEMAN @ WINDERMERE REALTY
 CITY CORVALLIS STATE OR ZIP 97330
 PHONE HOME WORK
 CELL FAX

WELL INFORMATION: WELL# LATITUDE
 TOWNSHIP RANGE SECTION LONGITUDE
 ADDRESS 95818 TERRITORIAL HWY
 COUNTY LANE

DEPTH 110' STATIC ? PUMP ? SIZE 1 HP SUB
 DIAMETER 6" TEMP START 9:34 AM TDS NaCl

TIME	WATER LEVEL	GPM	P.S.I.	DRAW DOWN	COMMENTS
09:34 AM		24.5	0		
10:04 AM		24.1	0		
10:34 AM		23.8	0		
11:04 AM		23.5	0		
11:34 AM		23.5	0		
12:04 PM		23.2	0		
12:34 PM		2.4	0		
01:04 PM		23.5	0		
01:34 PM		23.6	0		THIS FLOW ALL THIS PUMP CAPABLE OF AT THIS DEPTH

RECEIVED

FEB 19 2009

WATER RESOURCES DEPT

SALEM, OREGON

SIGNATURE

David L. Schell