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JUL 10 2002

WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L 56228
START CARD # 147345

(1) LAND OWNER Well Number _____
Name Bob Babbel
Address 2357 NW. Naser Dr.
City Corvallis State Ore. Zip 97330

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12	0	18½	Bentonite	0	18½	10 Bags
8	18½	370				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured in Dry
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	+1½	18½	.250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6	-10	370	.188	☒	☐	☒	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 6" at 370

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Machined
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
340	360	⅛"	256	6		☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25+	0	365	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 Desch. Latitude _____ Longitude _____
Township 15 N or S Range 11 E or W. WM.
Section 32BD NW 1/4 SE 1/4
Tax Lot 1600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 17740 Oxspur Ct. Bend, Ore. 97701

(10) STATIC WATER LEVEL:
259 ft. below land surface. Date 7-3-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 297

From	To	Estimated Flow Rate	SWL
297	370	25+	259

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	9	
Lava	9	38	
Brocken Lava	38	41	
Lava	41	102	
Brocken Lava	102	108	
Lava	108	116	
Brown Sand Stone	116	165	
Lava	165	229	
Brown sand stone	229	249	
Basalt	249	297	259
W.B. Red Cinders	297	312	
W.B. Brocken Lava	312	329	
W.B. Red Cinders	329	353	
W.B. Brocken Lava	353	370	

Date started 7-3-02 Completed 7-3-02

(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 1276
Signed _____ Date 7-3-02

(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 1253
Signed Doug Silcox Date 7-4-02

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER