

*** AMENDED * GILL 500 RECEIVED**

GILL
50078

MAY 13 1999

WELL I.D. # L 20508 18894
START CARD # 098348

**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. WATER RESOURCES DEPT.

(1) OWNER: Well Number _____
Name Bob Peppering
Address 8 Mike Canyon
City Delmon State OR Zip 97812

(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 1501 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material		Sacks or pounds	
Diameter	From To	From To	From To	From To	From To	From To	From To
3"	0 12	18	18 496	PORT + CON	18 496	140 B-12 COM	
15"	496 1250						
12"	1250 1340						
10"	1340 1501						

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: 18"	+2	142	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	+2	496	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	745	1180	.25	<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) 12" @ 1180 & 12" @ 745

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

NA

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
350		600	1 hr.

Temperature of water 94° Depth Artesian _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County GILL PM Latitude _____ Longitude _____
Township 1 N N or S Range 22 E E or W. WM.
Section 5 NE 1/4 SE 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 4-25-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 645

From	To	Estimated Flow Rate	SWL
645	655		
988	1000	300	
1043	1065	350	
1176	1192	350	

(12) WELL LOG:
Ground Elevation 1000'

Material	From	To	SWL
SOIL	0	3	
BROWN CLAY	3	27	
CONCRETE GRAVEL	27	63	
BROWN CLAY/CONCRETE GRAVEL	63	165	
BROWN SANDSTONE	165	295	
BROWN/GRAY CLAY	295	490	
BLACK BASALT	490	563	
BLACK BASALT/RED CLAYSTONE	563	645	
BLACK BASALT	645	800	
BLACK BASALT w/GREEN CLAYSTONE	800	1050	
" " w/1/2" CLAY ST	1050	1078	
" " " " "	1078	1125	
" " w/GREEN CL ST	1125	1156	
GREEN CLAYSTONE	1156	1176	
BLACK BASALT w/ GRN CL ST	1176	1192	
GRAY BASALT	1192	1420	
BLACK BASALT w/WHITE CL ST	1420	1425	
BLACK BASALT	1425	1501	

Date started 11-22-98 Completed 4-24-99
(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.
Signed Ruett Otto WWC Number 1702
Date 4-21-99

(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.
Signed Yang Bui WWC Number 544
Date 4-21-99

RECEIVED

AUG 27 2007

WATER RESOURCES DEPT
SALEM, OREGON

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

GILL
50078

MAY 13 1999

WELL I.D.# L 20508
START CARD # 098348

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

(1) OWNER: Well Number _____
Name Bob PEPPERLING
Address 8 mile CANYON
City Arlington State OR Zip 97812

(2) TYPE OF WORK
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(3) DRILL METHOD:
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 Other

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Explosives used Yes No Type _____ Amount _____

HOLE		SEAL					
Diameter	From	To	Material	From	To	Sacks or pounds	
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3.2"	18	496					
15"	496	1298					
12"	1298	1340					
10"	1340	1501					

How was seal placed: Method A B C D E
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Black BASALT	645	800	
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" " w/TN CLAY ST	1050	1078	
" " " "	1078	1125	
" " w/GREEN CL ST	1125	1156	
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Date started 11-22-98 Completed 4-21-99

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Signed Russell Otto WWC Number 1702
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Date 4-21-99