

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

GILL 50331

10-20-2009

Page 1 of 1

WELL LABEL # 1 1008493 **87907**START CARD # 1008493

(1) LAND OWNER

Owner Well I.D. _____

First Name M.K. Last Name CAMPBELL
Company _____
Address 78676 ECHLOS RD.
City HERMISTON State OR Zip 97838

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☒ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)Depth of Completed Well 726.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	39	Bentonite	0	18	12	S
8	39	726	Cement	30	39	4	S

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E☒ Other bentonite poured

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	8	☒	1	39	250	☒	☐	☒	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
screen	Liner	Dia	From	To	width	length	slots	pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

20		726	
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Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
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(9) LOCATION OF WELL (legal description)

County Gilliam Twp 200 S N/S Range 2000 E E/W WMSec 5 NW 1/4 of the SW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

MIKKALO RD. 5 MILES NORTH OF HWY. 207 CONDON OR.

(10) STATIC WATER LEVEL

Date _____ SWL(psi) _____ + SWL(ft) _____

Existing Well / Predeepening _____

Completed Well 10-16-2009 _____ 580Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-16-2009	636	650	5		580
10-16-2009	692	726	15		580

(11) WELL LOG

Ground Elevation _____

Material	From	To
Silt	0	2
silt & broken basalt	2	12
grey clay	12	18
tan clay	18	31
broken brown basalt	31	35
black basalt	35	127
soft black and brown basalt	127	450
hard black basalt	450	510
fractured black & Brown basalt	510	628
visicular basalt	628	632
black basalt	632	636
fractured basalt	636	650
black basalt	650	692
visicular basalt	692	726

Date Started 10-08-2009 Completed 10-16-2009

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1766 Date 10-20-2009

Electronically Filed

Signed BRANDON C BROWN (E-filed)

Contact Info (optional) _____

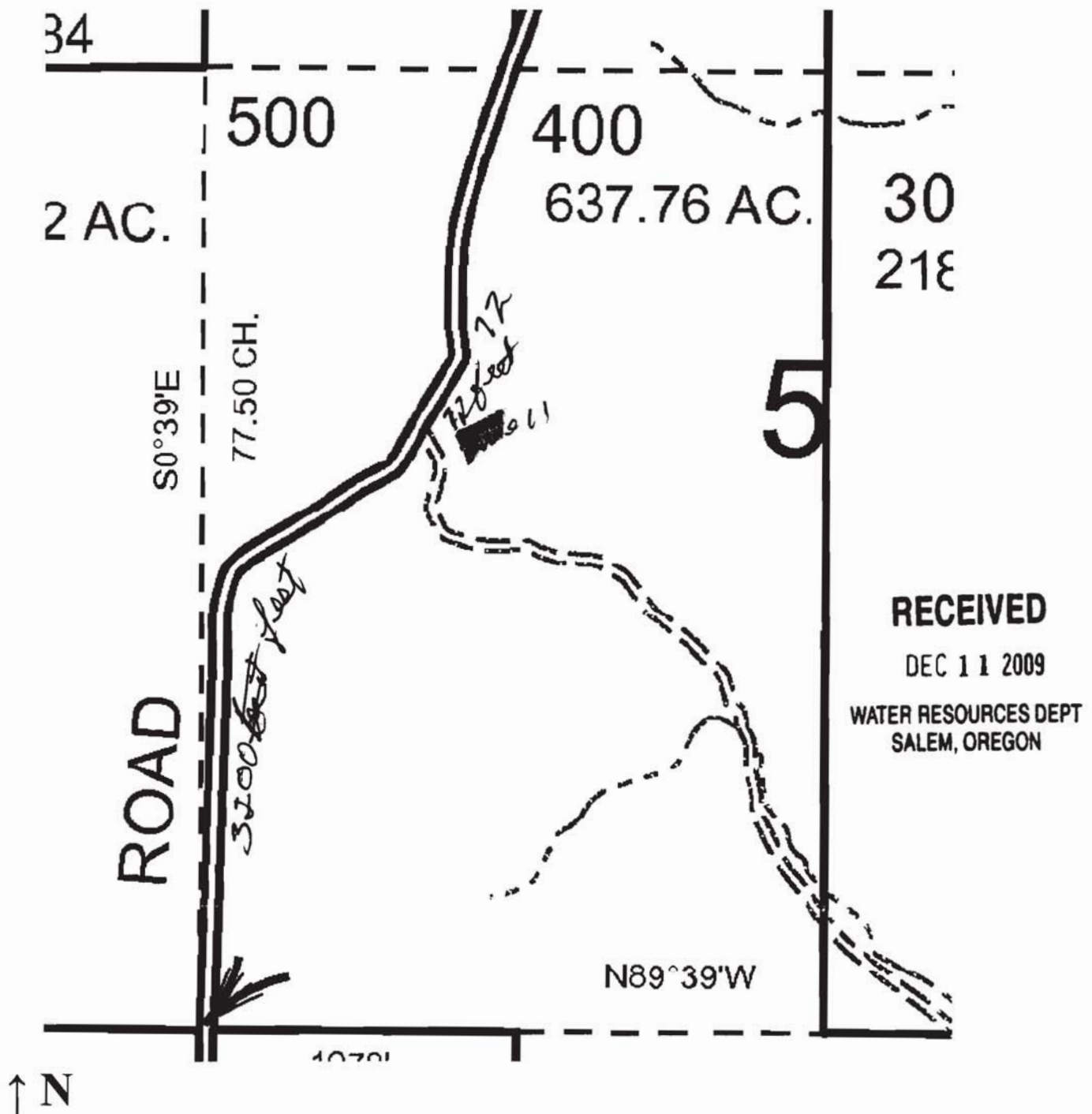
ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95

GILL 50331

EXEMPT USE WELL LOCATION MAP



Gilliam County

Assessor Map Reference Number: 2S 20E 5 NWSW; Tax Lot 400

Street Address of Well, if Available: Mikkalo Road 5 Miles North of Hwy 207,

Condon, OR, Well Label (ID) # L 1008493 (Please Locate Well and Indicate distance

From Property or Survey Corner, See Attached Sample Well Location Map.) MAP NOT TO SCALE

LAND OWNER SUBMITTED MAP