Grant 019

14S/31E/10 aa

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Well Number: 1374

Name Marshall N. Gilmore

Address 346 Main

City John Day State Ore Zip 97845

(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 ____ ft.

Explosives used Yes ☐ No ☐ Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
12"	0	20	Cement	0	18	6 sks
7 7/8	20	50				

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"	+1½	50	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:

☑ Perforations Method Mill Slot

☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	50	1/8x3	180			☐	☐
						☑	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60		45'	1 hr.

Temperature of water 57° 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 Grant Latitude ____ Longitude ____

Township 14S N or S, Range 31E E or W, WM.

Section 10 NE ¼ NE ¼

Tax Lot 300 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) Old Tree Road

(10) STATIC WATER LEVEL:

27 ft. below land surface. Date 18 Mar

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	50	60 GPM	27

(12) WELL LOG:

Ground elevation ____

Material	From	To	SWL
Soil	0	1.5	
Basalt	1.5	8	
Serpentine	8	18	
Brown Shale	18	31	
Basalt - Broken	31	50	27

Date started 15 Mar Completed 18 Mar

(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 [signature] WWC Number 382

Date 24 Mar

(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 [signature] WWC Number 382

Date 24 Mar

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