

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

WELL I.D. # L 46361
START CARD # 137850

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

(1) OWNER: Ernest Shultz Well Number _____

Name Ernest Shultz
Address Meadow Brook Store Hwy 395
City Dale P.O. 2045 State Or Zip 97880

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

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	39	Bentonite	0	39	18	Sacked
6"	39	250					

How was seal placed: Method A B C D E
 Other Pours

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"	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	-10'	250	18R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory Cuts
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70	90	1/4x4	175	5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
190	210	1/4x4	175	5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
3	240	240	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 57 Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain _____ for intended use? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: MAY 29 2007

(9) LOCATION OF WELL by legal description:
County Grant Latitude _____ Longitude _____
Township 7 N or S Range 31 E or W. WM.
Section 32 NW 1/4 NE 1/4
Tax Lot 1700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 5.5 Miles South of Dale Or - Meadow Brook Store

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 9-10-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 78

From	To	Estimated Flow Rate	SWL
78	106	3	25

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil Brown	0	1	
Boulders + clay	1	6	
Brown Med Hard			
gray clay Med Soft	6	12	
gray clay Hard	12	16	
gray clay Med Soft	16	28	
gray clay Hard	28	78	
tan clay Hard	78	106	25
with Bearing			
Blue clay Hard	106	150	
Blue clay Med Soft	150	172	
Blue clay Hard	172	230	
Blue clay Med Soft	230	250	

Date started 9-5-01 Completed 9-10-01

(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 _____ Date _____ WWC Number _____

(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 John Marcell WWC Number 1606 Date 9-10-01

WATER RESOURCES DEPT
SALEM, OREGON