

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.753)

WELL I.D. # 141287
START CARD # 116919

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

(1) OWNER: Mike Stille Well Number 1
Name Mike Stille
Address P.O. Box 987
City Clatskanie State OR Zip 97126

(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) BOREHOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 575 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Seals or pounds
10 3/0 575

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 Rod Plastic Welded Threaded
Casing: _____
Liner: _____

Final location of shoe(s): _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Taper/Type Casing Liner

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield units Drawdown Drill stem at _____ Time
400 _____ 595 _____

Temperature of water 61 Depth Artesian Flow Found _____
Was a water analysis done? ☒ Yes ☐ No By whom _____
Did any strata contain water not suitable for intended use? ☒ Yes ☐ No Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 25S N or S Range 31E W. or W. W.M.
Section 30 NW 1/4 SE 1/4
Tax Lot 6400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 550 Weaver Spring Rd. Burns Ore 97726

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 8-16-00
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWI
<u>508</u>	<u>517</u>	<u>100</u>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
<u>Green Claystone</u>	<u>310</u>	<u>316</u>	<u>46</u>
<u>Vesicular Brown</u>			
<u>Basalt</u>	<u>316</u>	<u>422</u>	<u>46</u>
<u>Medium Grey Basalt</u>			
<u>w/ Brown Basalt</u>			
<u>Sands</u>	<u>422</u>	<u>508</u>	<u>46</u>
<u>Cemented Pea</u>			
<u>Gravel</u>	<u>508</u>	<u>517</u>	<u>46</u>
<u>Brown & Grey Basalt</u>			
<u>w/ Ribs of</u>			
<u>Vesicular Black</u>			
<u>Basalt</u>	<u>517</u>	<u>595</u>	<u>46</u>

WATER RESOURCES DEPT.
SALEM, OREGON
Date started 8-15-00 Completed 8-16-00
(unbonded) Water Well Constructor Certification:

I certify that the work performed on the construction, alteration, or abandonment of this well is to comply with the applicable Oregon water supply well construction standards. Materials used and work performed were all true to the best of my knowledge and belief.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well and the results as 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 Donald H. Lead WWC Number 1561 Date 8-16-00

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER