

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

LINN 62062

WELL I.D. LABEL# L 125124
START CARD # 214125
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name Ken Last Name Eichler
Company _____
Address 8250 Tucker RD
City Amity State OR Zip 97010
(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Material From To Amt sacks/lbs
Seal: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(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 68 ft.

BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
10 0 35 Cement 0 35 35
10 35 68 Calculated 30
Calculated _____

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ ☐ 10 ☒ 2 68 .250 ☒ ☐ ☒ ☐
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 68 1/2
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS 1/4 x 1 Holt Air
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/Screen Dia From To Scrn/slot Slot # of Tele/
green Liner Dia From To width length slots pipe size
☒ ☐ 10 60 65 1/4 x 1 25 _____

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min 100 Drawdown 25 Drill stem/Pump depth _____ Duration (hr) 1
Temperature 58 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 250
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County Linn Twp 12 N 8 Range 4 E 10 WM
Sec 36 NE 1/4 of the SE 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☒ Nearest address

31040 99E Shedd, OR 97377

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration _____
Completed Well 8-24-17 17
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 57
SWL Date From To Est Flow SWL (psi) + SWL (ft)
8-24-17 57 68 100 17

(11) WELL LOG Ground Elevation _____
Material From To
Brown Top Soil 0 4
Brown Sticky Clay 4 25
Brown Sandy Clay 25 35
Brown Sand & Gravel 35 50
Blue Clay 50 57
Blue sand 57 60
Blue gravel (med size) 60 68
RECEIVED BY OWRD
SEP 05 2017
SALEM, OR

Date Started 8-23-17 Completed 8-24-17

(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 _____
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 1753 Date 8-24-17
Signed Bit K
Contact Info (optional) _____