

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
MARI 72248
WELL I.D. LABEL# L
162108
START CARD #
1083178
ORIGINAL LOG #
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)
8/21/2026
(1) LAND OWNER

Owner Well I.D. _____

 First Name **KEITH**

 Last Name **CHILCOTE**

Company _____

 Address **2605 SKOPIL AVE S**

 City **SALEM** State **OR** Zip **97301**
(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

 Casing:

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					☐	☐	☐	☐

 Seal:

Material	From	To	Amt	sacks/lbs

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ 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 **223.00** ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	98	Bentonite Chips	0	6	4	S
6.25	98	223			Calculated	2.6	
			Cement with 5% Bento	6	98	22	S
					Calculated	20	

 Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POURED AND PROBED

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

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

 Explosives used: ☐ Type _____ Amount _____

 Seal Placement Begin Date **8/14/2026** Begin Time **14** **00**
(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒	2	98	0.250	ST	☒		OUT.	98
L	4		3	223	Sch40	PL		☒		

 Temp casing ☒ Yes Dia **10** From + ☐ 0 To **5**
(7) PERFORATIONS/SCREENS

 Perforations Method **Electric saw**

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		4	143	223	.125	6	120	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	20		220	1

 Temperature **54** °F Lab analysis ☐ Yes By _____

 Water quality concerns? ☐ Yes (describe below) TDS amount **42** ppm
 From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

 County **MARION** Twp **8.00** S N/S Range **3.00** W E/W WM

 Sec **21** SW 1/4 of the **SE** 1/4 Tax Lot **900**

Tax Map Number _____ Lot _____

Lat _____ " or 44.85676426 DMS or DD

Long _____ " or -123.06110496 DMS or DD

☒ Street address of well ☐ Nearest address

140 REES HILL RD S SALEM OR 97306
(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/17/2026			88
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

 Depth water was first found **70.00**

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/17/2026	70	80	3			54
8/17/2026	182	195	20			88

(11) WELL LOG

 Ground Elevation **532.52 FT**

Material	From	To
Clay and Rock	0	5
Basalt Grey w/ Large Brown Fractures	5	10
Basalt Dark Grey w/ Grey Fractures	10	30
Basalt Dark Grey w/ Large Black Fractures	30	35
Basalt Grey w/ Clay and Multi-Colored Fractures	35	63
Basalt Grey w/ Brown Fractures	63	80
Basalt Grey w/ Some Grey Fractures	80	105
Basalt Dark Grey w/ Green Fractures	105	125
Basalt Grey w/ Grey Fractures	125	167
Basalt Grey w/ Brown Fractures	167	182
Basalt Grey and Tan Porus	182	195
Basalt Dark Grey w/ Grey and Brown Fractures	195	203
Basalt Dark Grey w/ Green Fractures Porus	203	209
Basalt Dark Grey w/ Grey Fractures	209	223

Construction

 Begin Date **8/13/2026** Begin Time **08** **00** End Date **8/17/2026**
(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 **2090** Date **8/18/2026**

 Signed **JACK BOLLER (E-filed)**
(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 **1394** Date **8/21/2026**

 Signed **EUGENE MACK (E-filed)**

 Drilling Company: **Mack Drilling Company Inc.**

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

Comments/Remarks

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

MARI 72248

8/21/2026

Map of Hole

