

STATE OF OREGON
WATER SUPPLY WELL REPORT

POLK 55130

WELL I.D. LABEL# L

162109

START CARD #

1083206

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 CINDYLast Name SHOBE

Company _____

Address 1897 COCHRANE LNCity DALLAS State OR Zip 97338**(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 204.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	44	Bentonite Chips	0	44	24	S	
6	44	204			Calculated	19.5		
					Calculated			

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 8/18/2026 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	Shoe Location
C	6	☒	1.5	44.5	0.250	ST	☒			
L	4		4	204	Sch40	PL		☒		

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

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	164	204	.125	6	60	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	10		200	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 98 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County POLK Twp 7.00 S N/S Range 5.00 W E/W WMSec 31 SE 1/4 of the NW 1/4 Tax Lot 2900

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.92103630 DMS or DD

Long _____ ° _____ ' _____ " or -123.34713253 DMS or DD

☒ Street address of well ☐ Nearest address1897 COCHRANE LN, DALLAS, OR 97338**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/19/2026			21

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 21.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/19/2026	21	75	10			21

(11) WELL LOGGround Elevation 469.13 FT

Material	From	To
Clay Brown	0	25
Claystone Tan w/ Brown Fractures Broken	25	37
Sandstone Grey w/ Brown Fractures Broken	37	44
Sandstone Grey w/ Light Grey Fractures	44	55
Sandstone Grey Course w/ Grey Fractures	55	65
Claystone Grey w/ Grey Fractures	65	75
Rock Tan w/ White Fractures	75	77
Claystone Grey	77	204

Construction

Begin Date 8/18/2026 Begin Time 08 00 End Date 8/19/2026**(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 8/19/2026Signed 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 8/19/2026Signed EUGENE MACK (E-filed)Drilling Company: Mack Drilling

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

POLK 55130

8/21/2026

Map of Hole

