

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

SHER  
50097

SEP 09 1999

WELL ID # 32847

(START CARD) # 102077

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER: Well Number: 1  
Name Sherman County Athletic Foundation  
Address P.O. Box 191  
City Moro State OR Zip 97039

(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 96 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	29.5	Bentonite	0	29.5	22 Sacks
8"	29.5	107				

How was seal placed: Method  A  B  C  D  E  
 Other Poured Dry  
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: 8"	+2	29.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-5	97	.188	<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 Slotted  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
57	97	3/16"	480	6"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	??	85	1 hr.

Temperature of Water 58 Depth Artesian Flow found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Sherman Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 1S N or S. Range 17E E or W. of WM.  
Section 19 SE 1/4 NW \_\_\_\_\_  
Tax Lot 5104 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address)  
High School Loop, Moro, OR 97039

(10) STATIC WATER LEVEL:  
12 ft. below land surface. Date 8/19/99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 81

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown Sand	0	4	
Broken Brown Basalt	4	10	
Sand & Gravel	10	13	
Gray & Brown Basalt	13	46	
Gray Broken Basalt	46	49	
Gray & Brown Basalt	49	63	
Black Broken Basalt	63	69	
Gray & Brown Basalt	69	81	
Broken Brown Basalt WB	81	107	12

Date started 8/17/99 Completed 8/19/99

(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 my best knowledge and belief.

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(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.

WWC Number 1385  
Signed Robert Buckner Date 9-7-99  
Western Water Development Corporation