

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

UMAT 50321 OCT 31 1996  
WATER RESOURCES DEPT.  
SALEM, OREGON

2N 30E 6 AC  
WELL I.D.# L08579  
(START CARD) # 89816

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

(1) OWNER: Clayton & Susan Briscoe  
Well Number \_\_\_\_\_  
Name Clayton & Susan Briscoe  
Address 35773 Cunningham Rd.  
City Echo State OR Zip 97826

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	46	Cement	0	46	18 sacks
6"	46	300				

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	Steel	Plastic	Welded	Threaded
Casing: 6"	0	46	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 46

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 60+ Drawdown \_\_\_\_\_ Drill stem at 300 Time 1 hr.

Temperature of water 60° 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 Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2N N or S Range 30E E or W. WM.  
Section 6 SW 1/4 NE 1/4  
Tax Lot 1800 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 35773 Cunningham Rd.  
Echo, OR 97826

(10) STATIC WATER LEVEL:  
\_\_\_\_\_ ft. below land surface. Date 10-8-96  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 256

From	To	Estimated Flow Rate	SWL
256	290	20	1
296	300	40+	1

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

Material	From	To	SWL
Sandy soil	0	22	
Gravel with clay	22	29	
Brown basalt, broken	29	33	
Brown clay	33	41	
Gray basalt	41	87	
Brown & black basalt	87	102	
Gray basalt	102	256	
Black basalt	256	290	WB
Gray basalt	290	296	
Brown & black basalt	296	300	WB

Date started 10-7-96 Completed 10-8-96

(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 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 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.

Signed Patrick Wallace WWC Number 1218 Date 10-22-96