

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.

*Amended **

(1) LAND OWNER Well Number _____
Name SHILLMAN, MARGARETT
Address 36971 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 236
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>15</u>	<u>0</u>	<u>88</u>	<u>PT CAN</u>	<u>0</u>	<u>88</u>	<u>60</u>
<u>10</u>	<u>88</u>	<u>236</u>				

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: <u>10</u>	<u>+2</u>	<u>88</u>	<u>125</u>	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 500 ± Drawdown _____ Drill stem at 236 Time 1 hr.

Temperature of water 62 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 UMAT Latitude _____ Longitude _____
Township 2N N or S Range 30E E or W. WM.
Section 10 NW 1/4 NW 1/4
Tax Lot 3200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 36971 Cunningham Road Echo

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 8-25-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>86</u>	<u>132</u>	<u>20</u>	<u>40</u>
<u>132</u>	<u>215</u>	<u>500 ±</u>	<u>40</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SOIL</u>	<u>0</u>	<u>20</u>	
<u>GRAVEL</u>	<u>20</u>	<u>26</u>	
<u>BLECH BASALT</u>	<u>26</u>	<u>62</u>	
<u>RED</u>	<u>62</u>	<u>70</u>	
<u>BLECH</u>	<u>70</u>	<u>86</u>	
<u>BLECH FRACT</u>	<u>86</u>	<u>132</u>	
<u>BLECH + RED</u>	<u>132</u>	<u>160</u>	
<u>BLECH</u>	<u>160</u>	<u>175</u>	
<u>BLECH + RED</u>	<u>175</u>	<u>215</u>	
<u>BLECH</u>	<u>215</u>	<u>236</u>	

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AUG 30 2002 FEB 11 2003

WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-20-02 Completed 8-26-02

(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 Jerry Burd WWC Number 544 Date 8-26-02

(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 Jerry Burd WWC Number 544 Date 8-26-02

