

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.

WELL I.D. # L ~~55271~~ 55298  
START CARD # W 141470  
W 151917

Umat  
54672

(1) LAND OWNER Well Number \_\_\_\_\_  
Name SKILLMAN, MARGARETT  
Address 3671 CUNNINGHAM RD  
City ECHO State OR Zip 97526

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
6	170	200				

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:				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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	Drawdown	Drill stem at	Time
100 ±		200	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) 3671 CUNNINGHAM RD.

(10) STATIC WATER LEVEL:  
66 ft. below land surface. Date 8-19-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found NO WATER FOUND

From	To	Estimated Flow Rate	SWL
EXISTING (ABOVE)		100 ±	66

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

Material	From	To	SWL
BLACK BASALT	170	200	66
NO H2O FROM 170 TO 200			

RECEIVED  
RECEIVED FEB 18 2003  
SEP 05 2002  
WATER RESOURCES DEPT. SALEM, OREGON

Date started 8-19-02 Completed 8-19-02

(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 Burt WWC Number 544 Date 8-19-02

(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 Burt WWC Number 544 Date 8-19-02