

GRAN 50827

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

WELL I.D. # L 73940

START CARD # 177305

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

(1) LAND OWNER Malheur National Forest Well Number _____
Name Malheur National Forest
Address P.O. Box 909
City John Day State Or Zip 97845

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 161 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL		
Diameter	From	To	Material	From	To
12"	0	132	Cement	0	132
6"	132	161			

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"	+2'	132	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	101	161	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 132'

(7) PERFORATIONS/SCREENS
 Perforations Method Factory Cuts
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
161	121	7/4x4	350	5"		<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
180	132	161	2 hrs

Temperature of water 61 Depth Artesian Flow Found 126
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? yes Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: RECEIVED

(9) LOCATION OF WELL (legal description)
County GRANT
Tax Lot 100 Lot _____
Township 16 N or S Range 33 E or W WM
Section 16 SW 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Parish Cabin Campground

(10) STATIC WATER LEVEL
SURFACE ft. below land surface. +2' Date 8-7-06
_____ ft. below land surface. Date _____
Artesian pressure 2 lb. per square inch Date 8-7-06

(11) WATER BEARING ZONES
Depth at which water was first found 85'

From	To	Estimated Flow Rate	SWL
85	106	180	+2

(12) WELL LOG

Material	From	To	SWL
Tan clay + gravel Med Soft	0	10	
Tan Hard clay	10	70	
TAN Broken Rock	70	85	
gray Basalt with seams of tan clay	85	126	
gray sand Hard	126	140	+2
Brown Broken Basalt	140	158	
Brown Basalt Hard	158	161	

Date Started 8-1-06 Completed 8-7-06

(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.

WWC Number _____ Date _____
Signed _____

(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.

WWC Number 1606 Date 8-8-06
Signed John Marcell