GRAN 50901

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. #L_73946

START CARD# 177307

Instructions for completing this report are on the last page of this form. (9) LOCATION OF WELL (legal description) (1) LAND OWNER Well Number Name MAlheur NATIONAl Forest County Grant Address 431 Patterson Bridge Rd 1000 Tax Lot Township 12 No Range 32 For W WM City John Day State On __ SE 1/4 NW (2) TYPE OF WORK New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion Long ______ o____' or ______ (degrees or decimal) (3) DRILL METHOD Street Address of Well (or nearest address) Magons Lake Rotary Air Rotary Mud Cable Auger Cable Mud CAMpground (10) STATIC WATER LEVEL (4) PROPOSED USE Date 8-29-06 ft. below land surface. ☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation Other _ ☐ Thermal ☐ Injection ☐ Livestock ft. below land surface. Artesian pressure ______ lb. per square inch (5) BORE HOLE CONSTRUCTION Special Construction: Yes \(\bar{\text{L}} \) Yes Depth of Completed Well 213 ft. (11) WATER BEARING ZONES Explosives used: Yes No Type _ 183 Depth at which water was first found ____ **BORE HOLE SEAL Estimated Flow Rate SWL** From To To Sacks or Pounds Diameter From Material From Coment 183 How was seal placed: Method \square A \square B **Z**C □D □E (12) WELL LOG Ground Elevation _ Other _ Material From To **SWL** Backfill placed from ___ ft. to ft. Gravel placed from ___ ft. to __ Size of gravel Broken 20 Brown (6) CASING/LINER To , Gauge Steel Plastic Welded Threaded Diameter From + 18" 250 30 Drive Shoe used Inside Outside None Final location of shoe(s) _ (7) PERFORATIONS/SCREENS Method Factory Cuts
Type _____ Material ___ Perforations ☐ Screens Date Started 8-23-06 Completed 8-29-06 From Number Diameter Tele/pipe Casing Liner Slot (unbonded) Water Well Constructor Certification Size I certify that the work I performed on the construction, deepening, alteration, or 213 /4x4 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed _ ☐ Pump ☐ Bailer ☐ Flowing Artesian (bonded) Water Well Constructor Certification Drill stem at Yield gal/min Drawdown Time I accept responsibility for the construction, deepening, alteration, or 25 200 200 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 Temperature of water 50 Depth Artesian and belief. Was a water analysis done? Tyes By whom _ WWC Number Did any strata contain water not suitable for intended use? ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other Depth of strata: WATER RESOURCES DEP