

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

RECEIVED

JUN 28 1991

ISS/43E/30 da
 29808

MALH 2613
 Malh 2613

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER:
 Name Patrick McGourty
 Address PO Box 111
 City Brogan State OR Zip 97903

Well Number: 29808

(9) LOCATION OF WELL by legal description:

County Mallard Latitude _____ Longitude _____
 Township 15 S or S. Range 43 E E or W. W.M. _____
 Section 30 NE 1/4 SE 1/4
 Tax Lot 2200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Bit Rd Hill Rd

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 75 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks of <u>ounds</u>
Diameter	From	To	Material	From	To	
<u>16</u>	<u>+1</u>	<u>57</u>	<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>3500</u>

How was seal placed: Method A B C D E
 Other dry from surface

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 57 ft. to 18 ft. Size of gravel 1 1/2

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					✓							
	<u>16</u>	<u>+1</u>	<u>59</u>	<u>250</u>								

Final location of shoe(s) 59 ft

(7) PERFORATIONS/SCREENS:

Perforations Method torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>47</u>	<u>58</u>	<u>6</u>	<u>288</u>	<u>1/4</u>	<u>16"</u>	<input checked="" 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
<u>200</u>	<u>22 ft</u>	<u>65</u>	<u>4 hrs</u>

Temperature of water 63° 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: _____

(10) STATIC WATER LEVEL:

27 ft. below land surface. Date 6-18-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 47

From	To	Estimated Flow Rate	SWL
<u>47</u>	<u>57</u>	<u>200 GPM</u>	<u>27</u>

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
<u>topsoil</u>	<u>0</u>	<u>5</u>	
<u>Gravel & silt - hard</u>	<u>5</u>	<u>40</u>	
<u>Brown clay - sandy</u>	<u>40</u>	<u>47</u>	
<u>Gravel</u>	<u>47</u>	<u>57</u>	<u>27</u>
<u>Green clay</u>	<u>57</u>	<u>60</u>	
<u>Blue clay</u>	<u>60</u>	<u>75</u>	<u>27</u>

Date started 6-13-91 Completed 6-18-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
 Signed _____ 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1485
 Signed Jon M Fife Date 6-25-91