

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

MALH 2614

JUN 28 1991

Malh 2614

155/47E30 ab
29807

WATER RESOURCES DEPARTMENT (START CARD) #

(1) OWNER: Well Number: **29807**
 Name **Patrick McGourty**
 Address **Po Box 111**
 City **Brogan** State **OR** Zip **97903**

(9) LOCATION OF WELL by legal description:
 County **Malheur** Latitude _____ Longitude _____
 Township **15 S** or S. Range **47 E** E or W. W.M.:
 Section **30 NW 1/4 NE 1/4**
 Tax Lot **1300** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **BT Road**

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(10) STATIC WATER LEVEL:
6 1/2 ft. below land surface. Date **6-10-91**
 Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
 Depth at which water was first found **35 ft**

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

From	To	Estimated Flow Rate	SWL
35	47	400 GPM	6 1/2

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **60** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From	Material	From	To	acks or pounds
20	0	Cement	0	18	52
16	11	Grout	0	18	52

(12) WELL LOG: Ground elevation _____

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **47** ft. to **18** ft. Size of gravel **1/2**

Material	From	To	SWL
topsoil	0	5	
Reddish clay	7	18	
Brown sandy clay	18	35	
Gravel	35	47	6 1/2
Brown clay	47	60	
Brownish Green clay	50	60	6 1/2

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16	11	60	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Liner: _____
 Final location of shoes **50 ft**

Date started **6-3-91** Completed **6-10-91**

(7) PERFORATIONS/SCREENS:
 Perforations Method **touch**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	47	6"	240	1/4	16	<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
400	30	55	1 hr.
			4 hrs

(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.
 Signed _____ WWC Number _____
 Date _____

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: _____

(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.
 Signed **Jan M Fijo** WWC Number **1485**
 Date **6-25-91**