

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

Math
2684

RECEIVED

NOV - 8 1991

155/43E-19ca
29816

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER: Well Number: 29816
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 N or S. Range: 43 E or W. W.M. _____
Section: 19 NE 1/4 SW 1/4
Tax Lot: 2200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): Waters Lane

(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
Diameter	From	To	Material	From	To	Backs or pounds
<u>20</u>	<u>0</u>	<u>50</u>	<u>Cement</u>	<u>0</u>	<u>18</u>	<u>25</u>
<u>16</u>	<u>0</u>	<u>75</u>	<u>grout</u>			

How was seal placed: Method A B C D E

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 18 ft. to 50 ft. Size of gravel 1 1/2

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Welded	Threaded		
Casing:	<u>16</u>	<u>11</u>	<u>59 1/2</u>	<u>260</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: 59 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method: torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>44</u>	<u>59</u>	<u>6</u>	<u>375</u>	<u>1 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 Artesian
Pump drill stem at _____

Yield gal/min	Drawdown	Time
<u>510</u>	<u>24 ft</u>	<u>70</u>
		<u>1 hr.</u>

Temperature of water 59° 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:

17 ft. below land surface. Date 10-8-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 50 ft

From	To	Estimated Flow Rate	SWL
<u>50</u>	<u>57</u>	<u>510 gpm</u>	<u>17</u>

(12) WELL LOG:

Material	From	To	SWL
<u>topsoil</u>	<u>0</u>	<u>5</u>	
<u>Hard Brown clay</u>	<u>5</u>	<u>20</u>	
<u>Soft Brown clay</u>	<u>20</u>	<u>40</u>	
<u>Soft Blue clay</u>	<u>40</u>	<u>44</u>	
<u>Soft Brown clay</u>	<u>44</u>	<u>50</u>	<u>17</u>
<u>Large gravel</u>	<u>50</u>	<u>57</u>	<u>17</u>
<u>Hard Brown clay</u>	<u>57</u>	<u>75</u>	<u>17</u>

Date started 9-27-91 Completed 10-8-91

(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 11-5-91