

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

MALH
2720

RECEIVED
 MAR 25 1992

WATER RESOURCES DEPARTMENT (START CARD) # **29823**

15s/42e/2400

(1) OWNER:
 Name **John F Pugh**
 Address **PO Box 94**
 City **Brogan** State **Or** Zip **97903**
 Well Number **29823**

(9) LOCATION OF WELL by legal description:

County **Malheur** Latitude _____ Longitude _____
 Township **15 N** or S, Range **42 E** E or W, WM-
 Section **24** **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$
 Tax Lot **1200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Zagan 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 **623** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	70	Cement	0	70	50
10	0	623	grout			

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
				Steel	Plastic	Plastic	Plastic		
Casing: 10	+1	70	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **70 ft**

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian
 Yield gal/min **525** Drawdown **86 ft** Drill stem at **120 ft** Time **1 hr.**
4 hrs

Temperature of water **68°** 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:

14 ft. below land surface. Date **2-28-92**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **54-62**

From	To	Estimated Flow Rate	SWL
325	327	total of 525	14
500	505		
593	604		

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
topsoil	0	4	
50 ft grey clay	4	54	
med gravel	54	62	12
lt brown clay	62	132	
Brown clay	132	325	
Brown clay - pea gravel mix	325	327	14
lt brown clay	327	414	
Brown clay	414	431	
Brown clay - pea gravel mix	431	432	
wb Brown clay	432	500	
wb Pea gravel	500	505	
wb Brown clay	505	593	
wb Sandy Brown clay + Pea gravel	593	604	
hard Brown clay	604	614	
hard brown clay - dry gravel mix	614	623	14

Date started **2-19-92** Completed **2-28-92**

(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 _____

(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 **Jon M Fife** WWC Number **1485**
 Date **3-23-92**