

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 61637
START CARD # 148425

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name Michael McGourty Well Number 61637
Address 2945 Bit Rd
City Brogan State OR Zip 97903

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 375 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16	0	30	Barite	0	30	37	
12	30	375					

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

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
Casing:	12	12	30	250	<input checked="" 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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 38 ft

(7) PERFORATIONS/SCREENS:

Perforations Method Ø
 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150 gpm	8.5 ft		1 hr.
			2 hrs.

Temperature of water 60° 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: _____

(9) LOCATION OF WELL by legal description:
County Malheur Latitude _____ Longitude _____
Township 15S N or S Range 43E E or W. WM.
Section 29 NW 1/4 SW 1/4
Tax Lot 1102 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hill Rd Brogan, OR

(10) STATIC WATER LEVEL:
39-6 ft. below land surface. Date 3-04-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 117

From	To	Estimated Flow Rate	SWL
117	130	150 gpm	39-6

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	3	
Bk clay	3	19	
large gravel	19	25	
Bk clay	25	117	
Sandy Bk clay some gravel	117	130	39-6
Blue clay	130	240	
grey clay	240	375	

RECEIVED
MAR 31 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date started 2-20-03 Completed 3-04-03

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 148425
Signed Don M Hie Date 3-27-03