

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

UN10  
2122

RECEIVED

JUN - 3 1992

(START CARD) # 17307

25/36E/1660

(1) OWNER:  
Name USDA Forest Service Well Number \_\_\_\_\_  
Address 3502 Hwy 30 City LaGrande State OR Zip 97850

(9) LOCATION OF WELL by legal description:  
County Union Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 25 N or S. Range 36E E or W. WM.  
Section 16 NE 1/4 NW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) LA Grange Interpative Center Oregon Trail off Hwy 30

(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 Public water

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval Yes  No  Depth of Completed Well 1055 ft.  
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |      | SEAL     |      | Amount sacks or pounds |          |
|----------|------|------|----------|------|------------------------|----------|
| Diameter | From | To   | Material | From |                        | To       |
| 12       | 0    | 15   | Concrete | 0    | 26                     | 16 sacks |
| 10       | 25   | 35   |          |      |                        |          |
| 8        | 38   | 1055 |          |      |                        |          |

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:

| Casing/Liner | Diameter | From | To | Gauge | Material                            |                          |                                     |                          |
|--------------|----------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|              |          |      |    |       | Steel                               | Plastic                  | Welded                              | Threaded                 |
| Casing:      | 8        | 12   | 40 | 20    | <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"/> |

Final location of sheets: \_\_\_\_\_

(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 40 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr.

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: \_\_\_\_\_

(10) STATIC WATER LEVEL:  
700 ft. below land surface. Date 5-12-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 720

| From | To   | Estimated Flow Rate | SWL |
|------|------|---------------------|-----|
| 920  | 920  | 2                   | 700 |
| 995  | 995  | 20                  | 700 |
| 1040 | 1040 | 20                  | 700 |

(12) WELL LOG: Ground elevation 3900

| Material                    | From | To   | SWL |
|-----------------------------|------|------|-----|
| Broken Basalt               | 0    | 6    |     |
| Hard Rock Blue Black        | 6    | 68   |     |
| Fractured Rock Hard Blue    | 68   | 160  |     |
| Rock Hard Blue Black        | 160  | 390  | 700 |
| Fractured Rock              | 390  | 420  |     |
| Red Rock med Hard           | 420  | 430  |     |
| Rock Hard                   | 430  | 470  |     |
| Broken Rock Hard            | 470  | 478  |     |
| Rock Black Hard             | 478  | 725  | 600 |
| Red, Cream + Brown med Hard | 725  | 765  |     |
| Rock Black Hard             | 765  | 900  |     |
| med Hard Red med Blue       | 900  | 1055 | 700 |

Date started 4-27-92 Completed 5-12-92

(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 Camp Tech WWC Number 494  
Date 5-26-92

(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 Camp Tech WWC Number 494  
Date 5-26-92