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

WATER RESOURCES DEPARTMENT (CARD) # 64023

Instructions for completing this report are on the last page of this form.

SALEM, OREGON

(1) OWNER: Well Number L03371  
Name Donald T. McCabe  
Address 64342 Ore. Hwy 227  
City La Grande State Ore. Zip 97850

(9) LOCATION OF WELL by legal description:  
County Union Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 3 N or S Range 31 E or W. WM.  
Section 6 NW 1/4 NE 1/4  
Tax Lot 2000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 64513 Ore Hwy 227

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

(10) STATIC WATER LEVEL:  
16' ft. below land surface. Date 11-11-96  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

(11) WATER BEARING ZONES:  
Depth at which water was first found 19'

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 520 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
<u>All Gravel &amp; Sand</u>			
<u>Layers Have water</u>			

HOLE		SEAL	
Diameter	From To	Material	From To
<u>28"</u>	<u>0 520'</u>	<u>Reactive</u>	<u>0 28'</u>

How was seal placed: Method  A  B  C  D  E  
 Other Overburden  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	<u>16"</u>	<u>0</u>	<u>105'</u>	<u>.344</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>18"</u>	<u>105'</u>	<u>180'</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>16"</u>	<u>190'</u>	<u>285'</u>	<u>.344</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>10"</u>	<u>305'</u>	<u>380'</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>10"</u>	<u>400'</u>	<u>450'</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>10"</u>	<u>460'</u>	<u>510'</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
<u>Top soil</u>	<u>0</u>	<u>4</u>	
<u>Lava ash</u>	<u>4</u>	<u>6</u>	
<u>Brown clay</u>	<u>6</u>	<u>19</u>	
<u>Sand &amp; Gravel</u>	<u>19</u>	<u>45</u>	
<u>Blue Clay</u>	<u>45</u>	<u>46</u>	
<u>Sand &amp; Gravel with Sandstone</u>	<u>46</u>	<u>69</u>	
<u>Red &amp; Blue Clay</u>	<u>69</u>	<u>84</u>	
<u>Orange Clay streaks Gravel</u>	<u>84</u>	<u>103</u>	
<u>Sand &amp; Gravel</u>	<u>103</u>	<u>163</u>	
<u>Blue &amp; Grey Clay</u>	<u>163</u>	<u>180</u>	
<u>Fine to Med Sand</u>	<u>180</u>	<u>186</u>	
<u>Grey Clay streaks Sand</u>	<u>186</u>	<u>290</u>	
<u>Fine Sand</u>	<u>290</u>	<u>305</u>	
<u>Grey Clay</u>	<u>305</u>	<u>383</u>	
<u>Fine to Coarse Sand</u>	<u>383</u>	<u>400</u>	
<u>Grey Clay</u>	<u>400</u>	<u>457</u>	
<u>Fine to Med Sand</u>	<u>454</u>	<u>457</u>	
<u>Grey Clay with Sandstone</u>	<u>457</u>	<u>511</u>	
<u>Fine Sand</u>	<u>511</u>	<u>521</u>	
<u>Grey Clay</u>	<u>521</u>	<u>543</u>	

(7) PERFORATIONS/SCREENS:  
 Perforations Method Johnson screens  
 Screens Type Wire wrap Material \_\_\_\_\_  
From To Slot size Number Diameter \_\_\_\_\_ Casing \_\_\_\_\_ Liner \_\_\_\_\_  
105 165 .035 \_\_\_\_\_ 16" \_\_\_\_\_  \_\_\_\_\_  
180 190 .075 \_\_\_\_\_ 16" \_\_\_\_\_  \_\_\_\_\_  
285 305 .030 \_\_\_\_\_ 10" \_\_\_\_\_  \_\_\_\_\_  
380 400 .030 \_\_\_\_\_ 10" \_\_\_\_\_  \_\_\_\_\_  
450 460 .020 \_\_\_\_\_ 10" \_\_\_\_\_  \_\_\_\_\_  
Back Page

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time \_\_\_\_\_  
Waiting on Pump Test  
Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_

Date started 10-15-96 Completed 11-11-96  
(unbonded) Water Well Constructor Certification: Back Page  
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 \_\_\_\_\_

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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
WWC Number 1506  
Signed \_\_\_\_\_ Date 11-13-96

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

WATER RESOURCES DEPT  
SALEM, OREGON (START CARD) #

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number \_\_\_\_\_  
 Name: Ronald McCabe  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(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 \_\_\_\_\_ ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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
Casing: 10"	520	540	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	560	570	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS: Johnson Screen

From	To	Slot size	Number	Diameter	Material	Casing	Liner
510	520	1030		10"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
540	560	1070		10"	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water \_\_\_\_\_ 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  Color  Other \_\_\_\_\_  
 Depth of strata \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
 Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Fine to Med Sand	543	558	
Gray Clay	558	590	

Date started \_\_\_\_\_ Completed \_\_\_\_\_

(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 \_\_\_\_\_