

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

WELL I.D. # L 16197
START CARD # 103496

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

(1) OWNER: Well Number _____
Name R.D. MAC
Address 60931 McALISTER Rd
City LAGRANDE State OR Zip 97850

(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 180 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>10</u>	<u>0</u>	<u>2 1/2</u>	<u>Bentonite</u>	<u>0</u>	<u>2 1/2</u>	<u>16 sacks</u>
<u>7 1/2</u>	<u>190</u>					

How was seal placed: Method A B C D E
 Other Poured dry
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: <u>6</u>	<u>10</u>	<u>180</u>	<u>250</u>	<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 shoe(s) 180

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
<u>50+</u>		<u>175</u>	<input checked="" type="checkbox"/>	<u>1 hr.</u>

Temperature of water 54 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 Union Latitude _____ Longitude _____
Township 35 N or S Range 38 E E or W. WM.
Section 15 SW 1/4 5E 1/4
Tax Lot 201 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 8-3-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 17

From	To	Estimated Flow Rate	SWL
<u>17</u>	<u>17</u>	<u>20</u>	<u>78</u>
<u>65</u>	<u>65</u>	<u>4</u>	<u>60</u>
<u>140</u>	<u>180</u>	<u>50+</u>	<u>65</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>gravel</u>	<u>0</u>	<u>3</u>	
<u>silt + clay</u>	<u>3</u>	<u>10</u>	
<u>clay + gravel</u>	<u>10</u>	<u>17</u>	<u>10</u>
<u>gravel + clay</u>	<u>17</u>	<u>18</u>	<u>10</u>
<u>clay + gravel</u>	<u>18</u>	<u>60</u>	<u>10</u>
<u>gravel + clay</u>	<u>60</u>	<u>140</u>	<u>60</u>
<u>sand + gravel</u>	<u>140</u>	<u>180</u>	<u>65</u>

RECEIVED

AUG 17 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-2-00 Completed 8-3-00

(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.

Signed Carl Petch WWC Number 494
Date 8-3-00

(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.

Signed Carl Petch WWC Number 494
Date 8-3-00