

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

DEC 07 2002

WATER RESOURCES DEPT.
Salem, Oregon

WELL I.D. # L 50700

START CARD # 141870

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number South
Name DONALD T. McCABE
Address 64347 OR HWY 237
City LA GRANDE 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 REVERSE

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 496 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
28"	0 496	5/8" BENTONITE	10 40	6500	
		CEMENT	0 10	1.25 yds	
		5/8" BENTONITE	90 100	3000	

How was seal placed: Method A B C D E
 Other OVERBORE + POUR
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 168 ft. to 90 ft. Size of gravel 1/4"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	+8	120	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	190	232	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	262	261	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	281	314	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	434	464	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	484	496	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Type	Material	Tele/pipe size	Casing	Liner
120	190	.035	WIRE WRAP	MIL STEEL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
232	252	.035				<input checked="" type="checkbox"/>	<input type="checkbox"/>
261	281	.035				<input checked="" type="checkbox"/>	<input type="checkbox"/>
314	434	.035				<input checked="" type="checkbox"/>	<input type="checkbox"/>
464	484	.035				<input checked="" 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
400		160'	1 hr.

NOT A GOOD TEST

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 UNION Latitude _____ Longitude _____
Township 3 N or S Range 38 E or W. WM.
Section 12 NW 1/4 NW 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 61477 PIERCE ROAD

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 11/25/02
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>DRILLED REVERSE CIRCULATION</u>			
<u>N/A</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SANDY LOAM	0	13	
SAND, GRAVEL	13	67	
SAND, GRAVEL, CLAY MIX	67	70	
BROWN CLAY	70	110	
SAND, GRAVEL	110	147	
BLUE CLAY 1/2 SM LAYER SAND	147	231	
FINE-MED SAND	231	248	
BLUE CLAY 1/2 SM SAND LAYER	248	416	
FINE-MED SAND	416	427	
BLUE CLAY	427	465	
SAND, PEA GRAVEL	465	468	
BLUE CLAY	468	470	
FINE-MED SAND	470	473	
BLUE CLAY	473	475	
MED-FINE SAND, PEA GRAVEL	475	485	
BLUE CLAY	485	496	

Date started 11/18/02 Completed 11/25/02

(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 [Signature] WWC Number 1505
Date 11-27-02

(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 [Signature] WWC Number 1506
Date 11-27-02