

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

19
COOS
1253

RECEIVED

NOV 14 1994

T285/R14W/55 NW 1/4 NW

(START CARD) # 71679 db

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

(1) OWNER: Well Number 323

Name Michael Kieser
Address 2450 N LAKEVIEW
City Chicago State IL Zip 60614

(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 Test well

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 1254ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	29	Bentonite	0	40	36 SK
9"	29	125	Cement	65	85	4 SK

How was seal placed: Method A B C D E
 Other Bentonite Poured from surface
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 85 ft. to 125 ft. Size of gravel 10/20

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 5"	+1	110'8"	190*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	116'1"	125'4"	190*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	7'6"	4'	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Protective Casing)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Attached to Casing
 Screens Type Houston V-wire Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110'8"	116'1"	016		5"	Pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>1-50</u>	<u>-</u>	<u>125'</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

Temperature of water 52° 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 COOS Latitude _____ Longitude _____
Township 28 N or S Range 14 E or W or WM.
Section 5 NW 1/4 NW 1/4
Tax Lot 10000 Lot _____ Block _____ Subdivision _____
Street address of Well (or nearest address) Randolph Rd
West well BANDON

(10) STATIC WATER LEVEL:
57' ft. below land surface. Date 11/7/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 16'9"

From	To	Estimated Flow Rate	SWL
16'9"	60'	80	16'9"
107	125	50	57'

(12) WELL LOG:
Ground Elevation +/-200'

Material	From	To	SWL
Sand w/ Peat Fine Brown	0	2	
Sand Fine Brown	2	8	
Sand Fine Dark Brown	8	22	16'9"
Wood w/ Peat and Fine	22	24	
Sand Dark Brown			
Sand Fine Dark Brown	24	36	
Gravel Fine w/ Fine Sand	36	37	
Gray			
Sand Fine Gray	37	56	
Sandy Peat Dark Brown	56	60	
w/ Fine Gravel			
Blue Clay	60	79	
Sand Coarse Brown	79	91	
Sandy Clay Brown	91	94	
Sandy Clay Tan	94	107	
Gravel Medium - Fine	107	117	57'
w/ Sand medium Gray + Orange			
Sand w/ sandy clay	117	125	
medium Gray			

Date started 11/3/94 Completed 11/7/94

(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 _____ WWC Number _____ 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.

Signed Jim Macke WWC Number 1493 Date 11/10/94