

COOS
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255/136/2 bd
25-13-2 SE-NW
(START CARD) # 71643

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

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

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(1) OWNER: Well Number 371 SALE
Name North Bayside Trailer Court (Dwygden)
Address Cp RED BRIDGE PO BOX 768
City WIMBERLEY State TX Zip 78676

(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 230' 6"
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	50	Cement	45	50	25x
			Bentonite	0	45	235x
6"	50	230' 6"				

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 _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1' 6"	52' 2"	1.250	<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) 52' 2"

(7) PERFORATIONS/SCREENS:

Perforations Method Circular Saw
 Screens Type slot Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90'	230'	1/8x8"	210	4 1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 30 Drawdown - Drill stem at 230' Time 1 hr.

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom BWP
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 25 N or S Range 13 E or W WM.
Section 2 SE 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1802 EAST BAY DRIVE North Bend

(10) STATIC WATER LEVEL:
94' 3" ft. below land surface. Date 5/30/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
48	48' 6"	1 GPM	48
137	152	5 GPM	94' 3"
152	229	25 GPM	94' 3"

(12) WELL LOG:
Ground Elevation +/- 500'

Material	From	To	SWL
Clay Brown	0	13	
Wood w/ Clay Brown	13	16	
Clay w/ Claystone lenses	16	40	
Sandstone Gray	40	62	48'
Sandstone Gray w/ clay-	62	65	
stone lenses Brown			
Claystone Tan	65	70	
Sandstone w/ Claystone	70	70	
Lenses med Gray			
Sandstone Brown + Gray	78	152	94' 3"
Sandstone Gray	152	204	
Sandstone Gray w/ shells	204	219	
Sandstone w/ Claystone	219	229	
Lenses Gray (same)	229	230' 6"	

Date started 6/29/95 Completed 7/3/95

(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 1493
Signed Jim Mackey MOWC Date 7/5/95