NOTICE TO WATER WELL CONTRACTOR
The original and tiest poor of this report age of the second second

(Please type or print)

1756

within 30 days completed ENGINEER (Do not write ab	ove this line) 1756 State Permit No)
(1) OWNER:	(10) LOCATION OF WELL:	•
Pohont V. Fra	County COOS Driller's well nu	mber
1606 Wanda Ch Wanth Band One	277 7	R. 13 W W.M
Address 1090 Meade St. North Bend, Ore.	74 WIT 74 BECUIOI 1 2 1. 2 1	
(2) TYPE OF WORK (check):	Bearing and distance from section or subdivision	on corner
· · · · · · · · · · · · · · · · · · ·		
New Well Deepening □ Reconditioning □ Abandon □ Abandon □		
If abandonment, describe material and procedure in Item 12.	(11) WATER LEVEL: Completed w	ell.
(3) TYPE OF WELL: (4) PROPOSED USE (check):	Depth at which water was first found 42	ft
Rotary Driven Domestic K Industrial Municipal D	Static level 35 ft. below land s	urface. Date 4/16/71
Cable	Artesian pressure lbs. per squar	
	III tobiai probate	
CASING INSTALLED: Threaded Welded Welded	(12) WELL LOG: Diameter of well b	elow casing6
6 "Diam. from 0 ft. to 106 ft. Gage •250	Depth drilled 108 ft. Depth of compl	
	#	-
	Formation: Describe color, texture, grain size a and show thickness and nature of each stratur	n and aquifer penetrated
	with at least one entry for each change of format position of Static Water Level and indicate prin	tion. Report each change in
PERFORATIONS: Perforated? E Yes \(\square\) No.	position of Static water Level and indicate prin	tiput water-bearing strata
Type of perforator used Torch	MATERIAL	From To SWL
Size of perforations 3/16 in. by 6 in.	Top soil, brown	0 2
2 perforations from 42 ft. to ft.	Clay, brown	2 6
2 northerntions from 59 ft to ft	Sandy clay fine brown	6 46
2 perforations from 86 ft. to ft.	Sandy clay course brown	46 78
	Clay, silty gray	78 94
(7) SCREENS: Well screen installed? ☐ Yes ¾ No	Claystone, fractured brown	94 108
Manufacturer's Name		
Type Model No		
Diam Slot size Set from ft. to ft.	Cement cap placed on top of	
Diam. Slot size Set from ft. to ft.	Sealed with bentonite and ca	ped with cement.
(8) WELL TESTS: Drawdown is amount water level is		
lowered below static level		
Was a pump test made? Yes No If yes, by whom?		
Yield: gal./min. with ft. drawdown after hrs.	:	
" "		
" " "		<u> </u>
Bailer test 8 gal./min. with totark drawdown after 1 hrs.	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
Dance test gar, min. with 10. dawner area 12.		
Artesian flow g.p.m.	A	1 1 1 C C
emperature of water 52 Depth artesian flow encountered ft.		ed April 16 19 7
CONSTRUCTION:	Date well drilling machine moved off of well	April 16 19 7
Bontonite & cement	Drilling Machine Operator's Certification:	
weir seal—Material used 18	This well was constructed under my	direct supervision
Well sealed from land surface toft. Diameter of well bore to bottom of seal in.	Materials used and information reported best knowledge and belief.	above are true to m
Diameter of well bore below seal	Wall was 12 Proposition	April 16 1971
	[Signed] (Drilling Machine Operator)	•
Number of sacks of cement used in well seal 2. sacks	Drilling Machine Operator's License No.	469
Number of sacks of bentonite used in well seal sacks National baroid		
Brand name or Dentonite	Water Well Contractor's Certification:	
Number of pounds of bentonite per 100 gallons of water lbs./100 gals.	This well was drilled under my jurisd	
of water lbs./100 gals. Was a drive shoe used? Yes \[\sum \] No Plugs Size: location ft.	true to the best of my knowledge and bel	
Did any strata contain unusable water? Yes You	Name George R. Miller Well D (Person, firm or corporation)	rilling (Type or print)
	Route 1. Box 561 Band	on Oregon
Type of water? depth of strata	Address	11/2
Method of sealing strata off	[Signed] Secret 14 Mil	rec
Was well gravel packed? XYes ☐ No Size of gravel:	(Water Well Cont	ractor)

106

Gravel placed from .

Contractor's License No. 322 Date April 16 , 19.71

W! L IDENTIFICATION FOr M

County:	CURRENT WELL OWNER:	Owner's	s Well Number:	
City: NONTH BEND State: OR Zip: 97157 If a well report is available for this well, please attach a copy of it to this form and esturn, if not necessary for you to complete the remainder of the form if the well report is attached well report is not available, please complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the complete the remainder of the form to the best of your ability of the well report is attached. VALIANT STATE STATE	Name: BETTY of	· NIELJE	<u> </u>	
If a well report is available for this well, please attach a copy of it to this form and extern not necessary for you to complete the remainder of the form if the well report is attached well report is not available, please complete the remainder of the form to the best of your ability of the form to the form to the best of your ability of the form to the best of your ability of the form to	Mailing Address: <u>576 A117.</u>	AIDGE	ROAD	
WELL LOCATION: County:	City: NONTH BEND	State:	_Zip: <u>974</u> &	5/
WELL LOCATION: County:	well report <u>is not</u> available, please compl	ete the remainder of the fo	rm to the best of you	ır ability.
County:	WELL LOCATION: (005 17	156	WATER I	RESOURCES F
Tax Lot Number:	County: Cana	Latitude:	SAL Longitude:	EM, OREGON
Tax Lot Number:	Township: 24 Nor S, Range: 13	or W Section: 248	1900 906 1/4	1/4
Street Address of Well (if different from above): WELL INFORMATION: Start Card Number: Approx. Construction Date: Well Constructor: Name of Owner at Time of Construction: Well Depth (in feet): Static Water Level (in feet): Diameter of Exposed Well Casing (in inches): Does this well have a formal water right associated with it? Yes: No: If yes: Application #: Permit #: Certificate #: Please Return Completed Form to: Oregon Water Resources Department 158 12th Street NE Salem, OR 97310 (Office use only)				
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Well Identification Number: 28840		(Office use only)		
WED DEDUCTION WORDER OF CHILLS	Well Identification Number:288	340		