

#15

COOS
330

RECEIVED

T27S/R14W/29N
20179

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

JAN 14 1991

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER:

Name DAVID SHUMAN
Address P.O. BOX 1761
City TAHOE CITY State CA. Zip 95730

Well Number: 75 SA 179 LOCATION OF WELL by legal description:

County COOS Latitude _____ Longitude _____
Township 27S N or S, Range 14W E or W, WM.
Section 29 NW ¼ SE ¼
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BROWN ROAD, BANDON, OR. 97411

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 74' 3 1/2"
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material	Amount	
Diameter	From To	From To	sacks or pounds			
10"	0 25	Bentonite	0 25	1100		
6"	25 75					

How was seal placed: Method A B C D E
 Other introduced from surface.
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing	6"	+1 53/4	.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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Telescope
 Screens Type Johnson Material Stainless Steel

From To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
52'6" 58'5"	1/16"	—	6"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
58'5" 63'8"	1/20"	—	6"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
63'8" 68'11"	1/35"	—	6"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
68'11" 74'4"	—	—	5"	Tail Pipe	<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
45	5'	90'	2 hr.

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: _____

(10) STATIC WATER LEVEL:

37 ft. below land surface. Date 12/15
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 37'

From	To	Estimated Flow Rate	SWL
37	67	100	37

(12) WELL LOG:

Ground elevation +/- 200'

Material	From	To	SWL
Sandy Clay Brown	0	3	
Sand Brown Fine	3	32	
Sand Tan w/wood Fine	32	35	
Sand Orange Fine	35	38	37
Sand Orange Crs	38	42	
Sand Gray med	42	43	
Sand Orange med	43	50	
Sand gray brown CRS	50	60	
Gravel w/sand med gray	60	67	
Clay Gray	67	75	

Date started 12/14/90 Completed 12/10/90

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1483
Signed Jim Mack Date 1/10/91