

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

003928

AUG 17 1987

WATER RESOURCES DEPT.
 SALEM, OREGON

285/14W-29B

(1) OWNER: Well Number: _____
 Name Ray Gardner
 Address Rt 2 Box 346
 City Bandon State OR Zip 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 _____

BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 60 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
meter	From	To	Material	From	To	
10	0	20	cement	20	0	334
6	20	60				

How was seal placed: Method A B C D E
 Other Tremie pipe pumped
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 60 ft. to 20 ft. Size of gravel 1/2 to 1/4 AC

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	4 1/2	12	20	50216	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type hydrophobic Material P.V.C

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
47	60	1010		4 1/2		<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
10		60	1 hr.

Temperature of water _____ 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 of W.M.
 Section 29 8 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 7-31
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 25

From	To	Estimated Flow Rate	SWL
25	60	10	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
top soil	0	2	
Brown clay sand	2	25	
Brown sand Fine	25	42	
Blue sand Fine	42	60	

Date started 7-30-87 Completed 7-31-87

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Ray Gardner WWC Number 1381
 Date 8-13-87