

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

0005
 042

(START CARD) #

25s/13w/2bd
 19989

(1) OWNER: Well Number: _____
 Name North Bayside Trailer Courts
 Address 1302 East Bay Drive
 City North Bend State OR Zip 97459

(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 150 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	25	cement	25	0	15
6	25	150				

How was seal placed: Method A B C D E
 Other remix pipe pumped
 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	12	28	SDR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	10	150	SDR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
52	150	1/4 x 5/8	43	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 25 Drawdown _____ Drill stem at 150 Time 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 25 N of S Range 13 E of W WM.
 Section 2 SE 1/4 NW 1/4
 Tax Lot 25132 D Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as Above

(10) STATIC WATER LEVEL:
48 ft. below land surface. Date 7-11-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
52	140	259 gpm	48

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay	0	4	
Brown claystone	4	12	
Blue claystone & sandstone mix	12	145	48
Brown claystone w/ sea fossil	145	150	

RECEIVED

AUG - 7 1990

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7-10-90 Completed 7-11-90

(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 1381
 Signed Ron Barrett Date 7-13-90