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

COOS
464

IRRIGATION WELL

NOV - 6 1991

(START CARD) # 26380

T285/R14W/4ac

(1) OWNER:

Name TOM HULTIN
Address RT. 2, BOX 2115
City BANDON, State OR. Zip 97411

Well Number: 117

(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 60'8" ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20	Bentonite	0	20	800 #
8"	20	63				

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	Steel			Plastic		Welded		Threaded	
					Size	Weight	Grade	Size	Weight	Grade	Grade	Grade	
Casing	8"	+1	46'6"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:

Perforations Method TELESCOPE
 Screens Type JOHNSON Material STAINLESS STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
44'6"	45'6"	1/16"	1	8"	TEL.	<input type="checkbox"/>	<input type="checkbox"/>
45'6"	51'6"	1/16"	1	8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
51'6"	57'6"	1/16"	1	8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
57'6"	60'8"	1/16"	1	8"	Tele	<input 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
40 GPM	15'-6" DD	for 1 1/2 hr test	1 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: _____

(9) LOCATION OF WELL by legal description:

County COOS Latitude _____ Longitude _____
Township 28S Nor S. Range 14W E or W. WM.
Section 4 SW 1/4 NE 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2115 RANDOLPH ROAD, BANDON, OR. 97411 (IRR. WELL)

(10) STATIC WATER LEVEL:

12'10" ft. below land surface. Date 9/25/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22	63	40 GPM	12'10"

(12) WELL LOG:

Ground elevation +/-300'

Material	From	To	SWL
Sandy Clay Brown	0	10	
Sand w/Clay Gray	10	22	
Sand Fine Brown	22	25	12'10"
Sand med Brown	25	31	
Sand w/Gravel Med Gray	31	45	
Sand w/Gravel Coarse Gray	45	51	
Sand med Gray	51	57	
Sand w/wood med Gray	57	63	
Clay w/shell med Gray	63	-	

Date started 9/24/91 Completed 10/24/91

(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 1493
Signed Jim Made Date 10/14/91