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1D# L11712

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

(START CARD) # 94262

Instructions for completing this report are on the last page of this form.

SALEM, OREGON

(1) OWNER: Well Number 97003

Name DAVE BROOKS

Address RT 1 BOX 906

City BANDON State OR Zip 97411

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger

Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation

Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 50 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20'	BENT.	0	20'	19
6"	20	50				

How was seal placed: Method A B C D E

Other POURED FROM SURFACE

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"	+1	20'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	-3'	50'	3/4 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type JOHNSON Material Pvc

Slot _____ Tele/pipe _____

20'	50'	15	4"	<input type="checkbox"/>	<input type="checkbox"/>
	20			<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

32 _____ 50' 3hr 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 COO'S Latitude _____ Longitude _____

Township 29 N or S Range 15 E or W. WM.

Section 25 NE 1/4 NW 1/4

Tax Lot 1001 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

1036 DEW VALLEY RD

(10) STATIC WATER LEVEL:

3' ft. below land surface. Date 1-16-97

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 8'

From	To	Estimated Flow Rate	SWL
8'	15'	8 GPM	10'
15'	20'	12 GPM	10'
20'	30'	24 GPM	3'
30'	50'	32 GPM	3'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SANDSTONE BROWN	0	35'	3'
SANDSTONE + GRAVEL SM GRAY	35'	40'	3'
SANDSTONE @ BLUE CLAY	40'	50'	3'

Date started 1-16-97 Completed 1-19-97

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

WWC Number 1689

Signed Mary W. Reader Date 2-3-97