

COOS
50490

RECEIVED

WELL I.D.# 212621

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

JUN 20 1997

(START CARD) # 94273

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

(1) OWNER: Well Number 97009
Name Kenneth Chesley
Address 382 Stage Rd
City North Bend State OR Zip 97549

(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 166'
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|-----------|-----------|------------|-------------|-----------|----------|-----------------|
| Diameter | From | To | Material | From | To | |
| <u>10</u> | <u>0</u> | <u>20</u> | <u>Boat</u> | <u>20</u> | <u>0</u> | <u>16</u> |
| <u>6</u> | <u>20</u> | <u>166</u> | | | | |

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 _____

| Casing/Liner | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|--------------|---------------|-----------|------------|---------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| | | | | | | | | |
| Casing: | <u>6</u> | <u>+1</u> | <u>88'</u> | <u>sch 40</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | <u>4 1/2"</u> | <u>5</u> | <u>46'</u> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Wired Material PVC

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------------|------------|-------------|--------|---------------|----------------|--------------------------|--------------------------|
| <u>46'</u> | <u>66'</u> | <u>.010</u> | | <u>4 1/2"</u> | | <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 |
|---------------|----------|---------------|-------------|
| <u>16 gpm</u> | | <u>66'</u> | <u>1 hr</u> |

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 23S N or S Range 12W E or W. W.M. (W)
Section 35 SE 1/4 SE 1/4
Tax Lot 900-101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) wildwood DR
wildwood mobil Home Park

(10) STATIC WATER LEVEL:
26' ft. below land surface. Date 5-17-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 54'

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|------------|
| <u>54'</u> | <u>66'</u> | <u>16 gpm</u> | <u>26'</u> |

(12) WELL LOG:
Ground Elevation +200'

| Material | From | To | SWL |
|----------------------------------|-----------|------------|------------|
| <u>Brown Top Soil</u> | <u>0</u> | <u>3</u> | |
| <u>LT Brown Sandy Clay Stone</u> | <u>3</u> | <u>20</u> | |
| <u>Brown Sand Stone</u> | <u>20</u> | <u>66'</u> | <u>25'</u> |

Date started 5-16-97 Completed 5-18-97

(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 Gary W. Reider Date 6-11-97