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SEP 15 1997

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

WELL I.D.# L 613844  
WATER RESOURCES DEPT. START CARD # 85905  
SALEM, OREGON

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Lashaugh Inc  
Address P.O. Box 957  
City Barnden 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 68 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
9	0	20	Bent	20	0	1374
7 1/2	20	68				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 68 ft. to 20 ft. Size of gravel pee

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel			Plastic	Welded	Threaded
				Plastic	Welded	Threaded			
Casing: 4 1/2	0	41	5/16	<input checked="" 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"/>	

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type Hydroptic Material P101C

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	60	1010		4 1/2	4 1/2	<input type="checkbox"/>	<input type="checkbox"/>
60	68			4 1/2	4 1/2	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30		68	1 hr.

Temperature of water 52.0 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 30 N  Range 15 E of  W.M.  
Section 12 NE 1/4 NW 1/4  
Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Same As Above

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date 9-9-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	60	309 gpm	20

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown sandy clay	0	20	
Brown sand fine gravel mixed	20	60	20
Blue marine rock	60	68	

Date started 8-29-97 Completed 9-9-97

(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 1381  
Signed San Faust Date 9-10-97