Coos
50933

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MAY 29 1998
WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 24363
START CARD # 50740

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

(1) OWNER: Well Number 9805
Name GARY CANNON
Address RT 2 Box 1635
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 56 ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	18	BENT	18	0	4
6	18	56				

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	56	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4½	-6	36		☐	☒	☒	☐
					☐	☐	☐	☐

Final location of shoe(s) 56'

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Torch
☒ Screens Type WESCO Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	56	020	45	6"		☒	☐
						☐	☐
						☐	☐
36	56	020		4½	SCREEN	☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
45		56	1 hr

Temperature of water 51° 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 S N or (S) Range 15W E or (W. WM.
Section 12 SE 1/4 NW 1/4
Tax Lot 400 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 1466 Croft Rd
off Hwy 101

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 5-9-98
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	56	45gpm	13

(12) WELL LOG:
Ground Elevation +-25'

Material	From	To	SWL
Brown Sand Stone	0	20	13
Gray Sand	20	39	
Coarse Brown Sand	39	46	
Sand & Gravel	46	56	

Date started ____ Completed ____

(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 Gayne Reeder Date 5-29-98

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER