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NOV 19 1998

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L. 25038
START CARD # 50723

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

(1) OWNER: Well Number 10578
Name RANDY MANICKE
Address RT 1 BOX 1038
City TANDON 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 60 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | | | | |
|----------|------|------|-----------|------|-----|-----------------|--|
| Diameter | From | To | Material | From | To | Sacks or pounds | |
| 10" | 0 | 18' | BENTONITE | 0 | 18' | 9 SACKS | |
| 6" | 18' | 60' | | | | | |

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: | Diameter | From | To | Gauge | Steel | | | |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Plastic | Welded | Threaded | |
| | 6" | 0' | 49' | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 6" | 50' | 60' | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method TELESCOPE
 Screens Type JOHNSON Material STAINLESS

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| 20' | 50' | 0.30 | | 6" | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| <input checked="" type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|--|---------------------------------|------------------------------|----------------------------------|
| Yield gal/min | Drawdown | Drill stem at | Time |
| 25 | TOTAL | | 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 29 N or S Range 15 E or W. WM.
Section 25 NE 1/4 NW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
NEXT TO DEER VALLEY BOGS LAUREL GROVE, OR

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 10-6-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 12'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 12' | 50' | 75 GPM | 12' |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|-------------------------------|------|-----|-----|
| HARD SANDSTONE BROWN | 0 | 2 | |
| MED SAND GRAY | 2 | 25' | 12 |
| MED SAND + SM GRAVEL GRAY | 25 | 30 | |
| COARSE SAND + MED GRAVEL GRAY | 30 | 50 | |
| CLAY GRAY | 50 | 60 | |

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-5-98 Completed 10-6-98
(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 1647
Signed _____ Date 10-30-98