

COOS
51227

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

WELL I.D. # L 25046
START CARD # 50721

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number #1
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 58 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	20	BENTONITE	0	20	10 SACKS
6"	20	58				

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	33'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TAIL Liner: 5"	48	58	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method TELESCOPE

Screens Type JOHNSON Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
33'	48'	.018		6"		<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
67.7	48'	50'	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 S N or S Range 14 W E or W. WM.
Section 18 NW 1/4 NE 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 5'

From	To	Estimated Flow Rate	SWL
5'	48'	67 GPM	7'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SANDY TOP SOIL DARK BROWN	0	2	
SAND WITH SANDSTONE LENSES	2	19	5'
RUSTY + CLAY LENSES GRAY			
COARSE SAND WITH SM GRAVEL	19	35	7'
RUSTY WATER			
COARSE SAND WITH MED GRAVEL BROWN	35	40	7'
COARSE SAND GRAY WITH SM/MED/LG GRAVEL	40	48	7'
SANDY CLAY GRAY	48	58	

Date started 12-11-98 Completed 12-12-98

(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 COGAN Date _____