

COOS  
51229

JAN 20 1999

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 25047  
START CARD # ~~115449~~ 115450

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

(1) OWNER: Well Number #3  
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 53 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	BEATONITE	0	20	9 SACKS
6"	20	53				

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				Threaded
					Plastic	Welded	Plastic	Welded	
	6"	0	28	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAIL	5"	43'	53'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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
28	43'	.018		6"	TELE	<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	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 N or S Range 14 E or W. WM.  
Section SE SW 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot 2100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
7' ft. below land surface. Date 12-14-98  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 9'

From	To	Estimated Flow Rate	SWL
9	43'	67 GPM	7

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

Material	From	To	SWL
ROAD GRAVEL + FILL DIRT	0	1	
SANDY CLAY BROWN	1	3	
LOOSE SANDSTONE WITH SM	3	20	7
GRAVEL AND WOOD/BROWN			
SAND N GRAVEL SM BROWN	20	25	7
SAND N GRAVEL SM + WOOD BROWN	25	35	7
SAND N GRAVEL LG GRAY	35	43	7
SANDY CLAY GRAY	43	53	

**RECEIVED**

FEB 26 1999

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SALEM, OREGON

Date started 12-13-98 Completed 12-14-98

(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.  
WVC 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.  
WVC Number 1647  
Signed COOPER Date \_\_\_\_\_