

OCT 06 1999

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

COOS  
51316

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L. ~~0000~~ 30928  
START CARD # 098514

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Heritage Hills Homeowners Association  
Address P.O. Box 1125  
City North Bend State OR Zip 97459

(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 245 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	58	Cement	58	0	35
6	58	245				

How was seal placed: Method  A  B  C  D  E  
 Other Tremie pipe pumped  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6	12	60	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	5	245	5000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 60

(7) PERFORATIONS/SCREENS:

Perforations Method SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
61	245	1/4 x 5/8	242	4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		245	1 hr.

Temperature of water 50 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 24 N on S Range 13 E or W W.M.  
Section 24 NW 1/4 SE 1/4  
Tax Lot 112 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 1900 Heritage Hills

(10) STATIC WATER LEVEL:  
61 ft. below land surface. Date 4-19-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
61	240	25 gpm	61

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

Material	From	To	SWL
Top Soil	0	2	
Brown Red Clay	2	11	
Yellow Red Clay	11	15	
Brown + Black Clay w/wood	15	17	
Red yellow Clay	17	24	
Brown Claystone	24	47	
Blue Claystone	47	53	
Blue Sandstone Fractured	53	245	61

JUN 3 1999  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 4-13-99 Completed 4-19-99  
(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 Ron Pung Date 4-20-99