

COOS
51319

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

WELL I.D. # L 30979
START CARD # 098515

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

(1) OWNER: Well Number _____
Name William Soper
Address 1001 Hull Rd
City Barnden 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 45 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	45	Bent	23	0	75

How was seal placed: Method A B C D E

Other Paused

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: 4 1/2	12	25	5/16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Method		Material		Casing		Liner	
From	To	Slot size	Number	Diameter	Slot size	Material	Material	Material	Material
25	45	10/16		4 1/2	4 1/2	pvc			

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
73	Total		4 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 28 N or S Range 14 E or W M.
Section 04 SW 1/4 SW 1/4
Tax Lot 170 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same As Above

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date 4-30-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 3'

From	To	Estimated Flow Rate	SWL
23'	45	73 gpm	7

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Black Peat + sand	0	2	
Brown sand w/ clay	2	5	
Cemented sandy clay	5	7	
Brown yellow sand w/ clay mixed	7	25	
lt Brown to dk/Brown sand	25	45	7

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JUN 3 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-19-99 Completed 4-30-99

(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.
Signed _____ WWC Number _____ 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.
Signed Ron Barnett WWC Number 1381 Date 4-30-99