COOS 52085

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

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

WELL I.D. # L 48464
START CARD # 121918

(1) LAND OWNER Well Number _____
Name Paul SOGW
Address 1392 Zinfandel Lane
City Eugene State OR Zip 97404

(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 48 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	50	Bent	50	0	19#

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 50 ft. to 30 ft. Size of gravel 10-20

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	5	+2	38	SDR26	☐	☒	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☒ Screens Type Cook Material S.S

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
48	38	.010		5"	5"	☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
26		48	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 26 N or S Range 14 E or W WM.
Section 31 SE 1/4 SE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) OFF Orchard Rd

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 6-20-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
18	48	20 gpm	18

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Sandy Clay	0	15	
Grey Brown Sand	15	30	
Blue Sand	30	48	18
Blue Clay stone	48	50	

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AUG 0 2 2001
WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-16-01 Completed 6-20-01

(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 1351
Signed _____ Date 7-18-01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER