

2" pipe  
11.862'  
22.705'  
Elw 122'

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

WELL I.D. # L 36763

START CARD # 127647

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Rondi Vanburen  
Address 57329 Cramagers Rd  
City Kandon 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 56 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	56	Bent	30	0	27
6	56	100	Cement	100	56	12

How was seal placed: Method  A  B  C  D  E  
 Other pour / Time pipe pumped  
Backfill placed from 100 ft. to 56 ft. Material Cement  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 5"	12	116	SD17A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	126"	4'	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: protective casing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type Coak Material S.S

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
56	46	.012		5	5	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  
Yield gal/min 100 Drawdown 29 1/2" Drill stem at \_\_\_\_\_ Time 48 hrs  
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: N 43° 11.862'  
County COOS Latitude \_\_\_\_\_ Longitude W 124° 22.705'  
Township 27 N or S Range 14 E or W WM. \_\_\_\_\_  
Section 29 SE 1/4 54 1/4  
Tax Lot 1000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Broom - Road

(10) STATIC WATER LEVEL:  
15 ft. below land surface. Date 11-24-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	56	100 gpm	15

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown sand + pet mix	0	7	
Fine lt Brown sand	2	20	
Brown sand	20	50	15
Blue sand	50	56	
Blue clay	56	100	

Date started 11-06-00 Completed 11-24-00  
(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 Tom Blunt Date 11-27-00