

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

(WELL I.D.)# **L 66907**

(START CARD) # **146909**

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

COOS 52791

(1) OWNER: Well Number _____

Name **H&M FARMS C/O NORMA HOLCK**
 Address **55578 RANDAL ROAD**
 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 **59'2"** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	52'6"	BENT	0	25	17

How was seal placed: Method A B C D E
 Other **POURED**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **5'2"** ft. to **25** ft. Size of gravel **10/20**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 5	2	49	SDR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	2	4	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>Protective Casing</i>						

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
49	59'2"	.015		5	5	<input type="checkbox"/>	<input type="checkbox"/>

Type **COOK** Material **S.S.**

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

Yield gal/min	Drawdown	Drill stem at	Time
40		59'2"	1 hr.

Pump Bailer Air Flowing Artesian

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** S Range **14** W WM.
 Section **29** NW 1/4 NE 1/4
 Tax Lot **1200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **SAME AS ABOVE**

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date **10-24-03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **60**

From	To	Estimated Flow Rate	SWL
20	59'2"	40 GPM	18

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
BROWN COMPERSED SAND	0	4	
BROWN SANDY CLAY	4	20	
BLUE SAND FINE TO MED	20	59'2"	18
BLUE CLAY	59'2"		

RECEIVED

DEC 09 2003

WATER RESOURCES DEPT
 SALEM, OREGON

Date started **10-14-03** Completed **10-24-03**

(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 *Neil Blum* Date **12-02-03**