

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 ID. # **L 00036**)

(START CARD) # **100635**

COOS 52794

(1) OWNER:

Well Number _____

Name **DAVID FOX**

Address **94841 SKYLINE DRIVE**

City **COOS BAY**

State **OR**

Zip **97420**

(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 **149** ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	BENTONITE	0	20	19
6	-20	149				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other **POURED FROM SURFACE**

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:	6	+1	41' 6"	250	☒	☐	☒	☐
Liner:	4.5	-2	149	sch 20	☐	☒	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Type		Material			
		☒ Perforations		☐ Screens					
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner		
-22	149	1/4X6	240	4.5		☐	☒		

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

		☐ Pump ☐ Bailor ☒ Air		☐ Flowing ☐ Artesian	
Yield gal/min	Drawdown	Drill stem at		Time	
12		147		1HR.	

Temperature of water **52 DEGREE** 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 **12** W WM.
 Section **18** NE 1/4 SE 1/4
 Tax Lot **200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **94841 SKYLINE DRIVE**
COOS BAY, OR 97420

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date **12-05-03**

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **25'**

From	To	Estimated Flow Rate	SWL
95	149	12GPM	29

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
BROWN CLAY	0	20	
BROWN SANDSTONE	20	32	29
GRAY SANDY CLAY	32	39	29
GRAY CLAYSTONE	39	54	29
BROWN SANDSTONE	54	58	29
GRAY SANDSTONE	58	149	29

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DEC 09 2003

**WATER RESOURCES DEPT
 SALEM, OREGON**

Date started **12-04-03**

Completed **12-05-03**

(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.

Signed James J. Henely WWC Number **1808** Date **12-8-03**

(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 John M. Hylk WWC Number **1736** Date **12-8-03**

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER