

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

COOS 053

285/HW/29 ba

(START CARD) # 20207

(1) OWNER: Well Number: _____
 Name Ray Gardner
 Address Rt 2 Box 525
 City Bandon State OR Zip 97411

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 58 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	pounds
<u>8 1/2</u>	<u>0</u> <u>18</u>	<u>Cent</u>	<u>18</u> <u>0</u>	<u>0</u>	<u>72</u>
<u>6 1/2</u>	<u>18</u> <u>58</u>				

How was seal placed: Method A B C D E
 Other _____
 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: <u>4 1/2</u>	<u>12</u>	<u>23</u>	<u>SD226</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 _____
 Screens Type Hydrophilic Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>23</u>	<u>58</u>	<u>0.010</u>		<u>4 1/2</u>		<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 259 gpm Drawdown _____ Drill stem at 58' Time 1 hr.

Temperature of water _____ 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 of 14 Range 14 E of WM
 Section 29 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Bates Rd
Bandon

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 9-12-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
<u>22</u>	<u>58</u>	<u>259 gpm</u>	<u>21</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Brown sand clay</u>	<u>0</u>	<u>22</u>	
<u>Lt Brown + Gray Sand Fine</u>	<u>22</u>	<u>58</u>	<u>21</u>

RECEIVED

OCT - 8 1990

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 9-11-90 Completed 9-12-90

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1381
 Signed Ron Brown Date 10-4-90