

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

COOS  
624

28s/14w/36c

(START CARD) # 23022

(1) OWNER: Well Number \_\_\_\_\_  
 Name W Allen Cram + Sonja Cram  
 Address Rt 2 Box 2151  
 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 98 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>9</u>	<u>0</u>	<u>20</u>	<u>Cement</u>	<u>20</u>	<u>0</u>	<u>8 1/2</u>
<u>6 1/2</u>	<u>20</u>	<u>98</u>				

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from 98 ft. to 20 ft. Size of gravel peas size

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	<u>4 1/2</u>	<u>12</u>	<u>68</u>	<u>50%</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 Hydraulic Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>68</u>	<u>98</u>	<u>10/10</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	Drawdown	Drill stem at	Time
<u>75</u>		<u>98</u>	<u>1 hr.</u>

Temperature of Water 53.0 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 28S N or S Range 14 E or W WM. \_\_\_\_\_  
 Section 03 SW NW \_\_\_\_\_  
 Tax Lot 9397 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME AS ABOVE

(10) STATIC WATER LEVEL:  
47 ft. below land surface. Date 8-20-92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 8'

From	To	Estimated Flow Rate	SWL
<u>65</u>	<u>98</u>	<u>75 gpm</u>	<u>47</u>

(12) WELL LOG:  
 Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>Brown sandy clay</u>	<u>0</u>	<u>17</u>	
<u>Brown sand</u>	<u>17</u>	<u>65</u>	
<u>Blue sand</u>	<u>65</u>	<u>98</u>	<u>47</u>

**RECEIVED**  
 SEP 18 1992  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 8-18-92 Completed 8-20-92

(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.  
 Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
 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.  
 Signed [Signature] WWC Number 1381  
 Date 8-15-92