

14

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

COOS
625

28s/14w/36d

(START CARD) # 42914

(1) OWNER: Well Number _____
Name Dean & Carolyn Russell
Address 1562 South 17th
City COOS Bay State OR Zip 97420

(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 62 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From	To	Material	From	To
9	0	20	cement	20	0
6 1/2	20	62			

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 70 ft. to 62 ft. Size of gravel pea gravel

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>4 1/2</u>	<u>72</u>	<u>42</u>	<u>SDM16</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 Hydrophobic Material plastic

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>42</u>	<u>62</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>30+</u>		<u>62</u>	<u>1 hr.</u>

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 25 N or S Range 14 E or W M. _____
Section 03 SE 1/4 Blvd 1/4 _____
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Rt 2 Box 2159 Bandon

(10) STATIC WATER LEVEL:
32 ft. below land surface. Date 8-17-92
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>40</u>	<u>62</u>	<u>30 gpm</u>	<u>32</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Brown sandy clay</u>	<u>0</u>	<u>15</u>	
<u>Brown sand</u>	<u>15</u>	<u>40</u>	
<u>Blue sand</u>	<u>40</u>	<u>62</u>	<u>32</u>

RECEIVED

SEP 18 1992

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-16-92 Completed 8-17-92

(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.

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 Don Green Date 9-15-92