

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

RECEIVED

MAR 31 1993

*Coos
699*

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APR 27 1993

*T29S/R15W/S25 CA
NE 1/4 SW
49809*

WATER RESOURCES DEPT

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(1) OWNER:

Name Rodrick A Fraser
 Address 1320 N. Manzanita
 City Orange State Ca. Zip 92667

(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 61'10"

Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
12"	0	25'	Cement	0	25'	4700 ^{##}
8"	25'	62'				

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8"	+1	36'7"	250	<input checked="" type="checkbox"/>	<input 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 Telescope
 Screens Type Johnson Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35'6"	38'2"	.035		8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
38'2"	48'2"	.020		8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
48'2"	51'4"	.012		8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
51'4"	61'10"	Tail Pipe		6"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
80	20	55	1 hr.
80	21'11"	55	8 hr

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 29 S N or S. Range 15 W E or W. WM.
 Section 25 NE 1/4 SW 1/4
 Tax Lot 1301 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) McTimmons Rd
Bandon, OR.

(10) STATIC WATER LEVEL:

14' ft. below land surface. Date 2/9/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
16	51	80	14'

(12) WELL LOG:

Ground elevation +/-300'

Material	From	To	SWL
Clay w/sand	0	3	
Sand Fine Brown	3	8	
Wood w/sand Fine Brown	8	16	
Sand Fine Brown	16	25	14'
Sand Fine Tan	25	32	
Sand Fine Brown	32	34	
Gravel w/sand Fine Brown	34	35	
Gravel w/sand med orange	35	48	
Sand med Brown	48	51	
Sandy Clay Gray	51	62	

Date started 2/8/93 Completed 3/8/93

(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 Jim Meck WWC Number 1493
 Date 3/9/93