

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

COOS
776

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T 255 R 13W S 2 SE 1/4 NW
bd

WATER RESOURCES DEPT.

(START CARD) # 52688

(1) OWNER: Well Number 218
Name NORTH BAYSIDE TRAILER COURT (OGDEN)
Address 33926 RED BRIDGE RD.
City ALBANY, OR State OR Zip 97321

(9) LOCATION OF WELL by legal description:
County COOS Latitude _____ Longitude _____
Township 255 N or S Range 13W E or W W.M. _____
Section 2 SE 1/4 NW 1/4 _____
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1802 EAST BAY DRIVE, NORTH BEND, OR.

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

HOLE		SEAL		Material	From	To	Amount sacks or pounds
Diameter	From	To	To				
10"	0	35		Cement	0	35	325X
6"	35	234					

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: 6"	+1	39'5"	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	5	234	300R 3/16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Circular Saw
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
134	234	1/8x6"	150	4 1/2"	Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
116 PPM	57'		1 hr.
106 PPM	77'		2

Temperature of Water 53° 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: _____

(10) STATIC WATER LEVEL:
123 ft. below land surface. Date 7/26/93
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
25	26	1/2	25
153	230	10	123

(12) WELL LOG: Ground elevation +/- 400'

Material	From	To	SWL
Clay Orange	0	20	
Fractured Claystone Tan	20	24	
Claystone Gray	24	30	25'
Sandstone Gray	30	45	
Sandstone Blue Gray	45	70	
Sandstone Gray hard	70	140	
Sandstone w/ shell med Gray	140	205	123
Sandstone w/ shell + clay	205	234	1
stone lenses med			

Date started 7/14/93 Completed 7/28/93

(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 _____ Date _____ WWC Number _____

(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 Mack Sr. Date 8/5/93 WWC Number 1493