

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

COOS
826

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29s/15w/13cb
53670

(START CARD) #

WATER RESOURCES DEPT.

(1) OWNER:

Name Duane Lindsay Well Number _____
 Address 95 Harlem Ave
 City Bandon State OR Zip 97411

LOCATION OF WELL by legal description:

County COOS Latitude _____ Longitude _____
 Township 29 N or S Range 15 E or W WM. _____
 Section 13 NW ¼ SW ¼
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Book Rd

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
9 1/2	0 20	Cement	20 0	7 1/2
	20 50			

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 50 ft. Size of gravel peegravel

(6) CASING/LINER:

Casing/Liner	Diameter	From To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing	4 1/2	12 25	SP10 1/2	<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 P.W.C.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	45	10/10		4 1/2	4 1/2	<input type="checkbox"/>	<input type="checkbox"/>
45	50			2 1/2	4 1/2	<input 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
15		50	1 hr.

Temperature of Water 52.0 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: _____

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date 9-30-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 9

From	To	Estimated Flow Rate	SWL
25	45	15 gpm	12

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown clay w/ peat	0	2	
Brown sandy clay mixed	2	21	
Brown sand	21	45	
Blue clay stone	45	50	

Date started 9-25-93 Completed 9-30-93

(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.

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 381
 Signed _____ Date 10-18-93