

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

JUL 22 1987
 WATER RESOURCES DEPT.
 SALEM, OREGON

CURR 001314 55/14W-16

(1) OWNER: Well Number: _____
 Name Cedar Bend Golf
 Address P.O. Box 1234
 City Gold Beach State Oregon Zip 97244

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	21	Cement	21	0	9 1/4
6	21	48				

How was seal placed: Method A B C D E
 Other Tremie pipe pumped
 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	+2	38	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	29	48	50926	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 38

(7) PERFORATIONS/SCREENS:
 Perforations Method Touch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
6	38	1/4 x 5/8	20			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 10 Drawdown 38 Drill stem at _____ Time 1 hr.

Temperature of water _____ 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 Curry Latitude _____ Longitude _____
 Township 35 N or S, Range 14 E or W, WM.
 Section 16 1/4 _____ 1/4 _____
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 34391 Cedar Bend

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 6-25-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	38	10 gpm	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	1 1/2	
Brown claystone	1 1/2	23	
Clay + fine gravel mix	23	36	
Blue metamorphic rock	36	48	

Date started 6-24-87 Completed 6-25-87

(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 Ron Baumgartner Date 7-20-87