

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

3

CURR
50053

LO3537

(START CARD) # 83757

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Well Number 426
Name John Sweet
Address 1291 N 9th Street
City Coos Bay State OR Zip 97420

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 76'10"
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12 1/4	0	77	Bentonite	0	30	25 SX

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 25 ft. to 77 ft. Size of gravel 1/4"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	+1	573	160"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	734	7610	160"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	+1	4'	166"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: (Protective Casing)

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Attached to Casing
 Screens Type Johnson-V-wire Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
573	734	1075		8"	Pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
70.6	11'	76	1 hr.
70.6	11'	76	2 hrs

Temperature of water 50° 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 31 N or S Range 15 E or W W.M.
Section 31 SE 1/4 NW 1/4
Tax Lot 4501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Airport Road Sikes OR

(10) STATIC WATER LEVEL:

19'1" ft. below land surface. Date 7/1/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 3'

From	To	Estimated Flow Rate	SWL
3-	5	5	3'
19	73	346 GPM	19'1"

(12) WELL LOG:

Ground Elevation +/-300'

Material	From	To	SWL
Topsoil	0	1	
Sandy Clay Brown	1	3	
Sand Brown Fine	3	5	3'
Sand w/ Sandy Clay Tan	5	12	
Sand Fine - med Brown	12	27	19'1"
Sand Fine - med w/ Peat + Wood	27	30	
Sand Fine - CRS Gray w/ wood	30	35	
Sand Fine - CRS w/ Gravel	35	50	
Fine - med Gray			
Gravel Fine - med w/	50	60	
Sand Fine - CRS Gray			
Wood w/ Fine Gravel	60	63	
and sand Gray			
Gravel Med - Fine w/	63	73	
Sand CRS - Fine Gray			
Sandstone Gray	73	76	
Claystone Gray	76	76	

Date started 7/1/96 Completed 7/2/96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Borden Well + Pump Co. 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Jim Mackin MGWC Date 7/3/96 WWC Number 1493