

STATE OF OREGON 50154 WELL I.D.# 608207  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.765)

(START CARD) # 85890

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name Frank Arriola / Green Mtn. Chipping  
 Address 210 Alder Hill Rd Per Driller 3-29  
 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 97 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
9	0	20	Bent	20	0	12 1/2
7	20	97				

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from 97 ft. to 20 ft. Size of gravel no

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	<u>1 1/2</u>	<u>0</u>	<u>20</u>	<u>50016</u>	<input checked="" 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 PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>77</u>	<u>97</u>	<u>010</u>		<u>1 1/2</u>	<u>1 1/2</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>2.5</u>		<u>97</u>	<u>1 hr.</u>

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 Curry Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 31 N or S Range 15 E or W WM.   
 Section 29 NW 1/4 NW 1/4  
 Tax Lot 3700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 93213  
Airport Rd

(10) STATIC WATER LEVEL:  
47 ft. below land surface. Date 1-26-97  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 47

From	To	Estimated Flow Rate	SWL
<u>47</u>	<u>97</u>	<u>259 gpm</u>	<u>47</u>

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Brown sandy clay</u>	<u>0</u>	<u>38</u>	
<u>Brown sand</u>	<u>38</u>	<u>72</u>	
<u>Brown</u>	<u>72</u>	<u>97</u>	<u>47</u>

**RECEIVED**

MAR - 3 1997

WATER RESOURCES CENT.

Date started 1-15-97 Completed 1-26-97

(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 \_\_\_\_\_ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1351  
 Date 1-25-97