RECEIVED JUL - 7 1997 WATER RESOURCES DEPT. SALEM, OREGON

CURR 50189

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D.# L10312 (START CARD) # 86787

(1) OWNER: Well Number 1

Name HERB SAVACOOL

Address 851 3RD ST

City CRESCENT CITY State CA Zip 95531

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 210 ft.

Explosives used [ ] Yes [X] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	40	BENTONITE	0	40	26

How was seal placed: Method [ ] A [ ] B [X] 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	40	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	4	0	210	160	[ ]	[X]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method SAW

[ ] Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	210	7/48	150	4		[ ]	[X]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
		210	1 hr.

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 40 N or (S) Range 13 E or (W) WM.

Section 31 SW 1/4 SW 1/4

Tax Lot 3200 Lot 2 Block ____ Subdivision ____

Street Address of Well (or nearest address) HILLTOP DRIVE

(10) STATIC WATER LEVEL:

17 ft. below land surface. Date 6-5-97

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 75'

From	To	Estimated Flow Rate	SWL
75	76	3	17
135	140	1	17
195	196	2	17

(12) WELL LOG:

Ground Elevation 300

Material	From	To	SWL
CLAY	0	4	
CLAY STONE (Brown)	4	33	
CLAY STONE BLUE	33	210	17
WELL TAG #			
L10312			

Date started 6-3-97 Completed 6-5-97

(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.

WWC Number 599

Signed Rex Carter Date 6-23-97

(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.

WWC Number 599

Signed Rex Carter Date 6-23-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER