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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # 17414
START CARD # 105914

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

(1) OWNER: Well Number _____
Name RC.F Cecilia Head
Address 31084 Crab Apple way
City Gold Beach State OR Zip 97444

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

HOLE		SEAL	
Diameter	From To	Material	From To
10	0 23	Cement	23 0
6	23 90		

How was seal placed: Method A B C D E
 Other Prime pipe pumped
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	6"	12	80	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	70	90	5/8"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Touch + SAW

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	80	1/8x3	24	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	90	1/8x5	24	4 1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	25'		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: _____

(9) LOCATION OF WELL by legal description:
County Curry Latitude _____ Longitude _____
Township 361 N or S Range 14 E or W M.
Section 16 SW 1/4 SE 1/4
Tax Lot 101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME AS ABOVE

(10) STATIC WATER LEVEL:
56 ft. below land surface. Date 5-30-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 58'

From	To	Estimated Flow Rate	SWL
57	85	30 gpm	56

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Dark Brown Sandy Top Soil	0	4	
Brown clay w/ gravel mixed	4	14	
Gray Clay w/ gravel mixed	14	25	
Sand + Gravel w/ brown clay mix	25	85	56'
Blue marine rocks	85	90	

Date started 5-23-98 Completed 5-30-98

(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 1281 Date 6-27-98