

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

WELL I.D. # L 71981
 START CARD # 169240

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

(1) LAND OWNER Well Number _____
 Name Robert & Cecil Head Trust
 Address 1856 Juniper Avenue
 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 80 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	30	Bentonite	0	14	14
6"	30	80				

How was seal placed: Method A B C D E
 Other Poured dry

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	79	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	5	70	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
69	79	6"	20w	1/4"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	80	010		4"	10'	<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
25		80	1 hr.

Temperature of water 51 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 36S N or S Range 14W E or W. WM.
 Section 16 C 1/4 D 1/4
 Tax Lot 504 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Jerry's Flat Rd.
Brookings, Oregon

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 8/24/04
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 70'

From	To	Estimated Flow Rate	SWL
70'	71'	25	50

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Sandy soil & Clay	0	30	
Bolders, Sand & Gravel	30	79	
Blue Claystone	79	80	50

RECEIVED

SEP 13 2004

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 8/24/04 Completed 8/24/04

(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 _____ WWC Number 709
 Date 9/9/04

