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

NOV 26 1993

WATER RESOURCES DEPT.

Doug
1544

278/5w/3166

(START CARD) # 60686

SALEM, OREGON

Well Number _____

(1) OWNER:

Name John Atkinson
Address 2823 NW Kline
City Roseburg State OR Zip 97470

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 405 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	Bentonite	0	19	11 sacks
6	19	405				

How was seal placed: Method A B 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	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
None						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
3/4		400	1 hr.

Temperature of Water 55 ° 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 Douglas Latitude _____ Longitude _____
Township 27 N or (S) Range 5 E or (W) WM.
Section 31 NW 4 NW 4
Tax Lot 2001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 106 Sue Ellen
Roseburg, OR

(10) STATIC WATER LEVEL:

53 ft. below land surface. Date 10/27/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 61 ft.

From	To	Estimated Flow Rate	SWL
61	62	3/4	53

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Shale	0	5	
Brown clay & shale	5	13	
Basalt	13	52	
Blue sandstone	52	78	53
Sandstone & claystone	78	132	53
Blue claystone	132	241	53
Green sandstone	241	372	53
Blue sand & claystone	372	405	53

Date started 10/26/93 Completed 10/27/93

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

Signed [Signature] WWC Number 1284
Date 11/16/93