

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

DOUG
2025

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 17943

205/12w/17c

(1) OWNER: Well Number: 2236
 Name Siuslaw National Forest
 Address P O Box 1148
 City Corvallis, State Or Zip 97333

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	19	Cement/ Bentonite	0	19	9 sacks
10"	19	95	Bore			

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: 8"	42	75	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	85	90	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sump pipe and steel bottom				<input 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) None

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
75	85	.012			8"	<input checked="" 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 _____
150+ _____ 90 _____ 1 hr.
3 min. recovery

Temperature of water _____ 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 20S Nor S, Range 12W E or W, WM.
 Section 17 SE $\frac{1}{4}$ SW $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Dunes Overlook Campground

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 2/24/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 12

From	To	Estimated Flow Rate	SWL
16	87	150gpm	16

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sand, Brown, fine	0	35	
Sand, Blue, fine	35	55	
Clay & wood	55	58	
Sand, Brown	58	90	
Blue clay	90	95	

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 2/21/90 Completed 2/24/90

(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 [Signature] WWC Number 514
 Date 3-16-90

(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 514
 Date 3-16-90