

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

RECEIVED

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2748

225/9W-8

MAY 11 1987

(1) OWNER:
 Name Robert Cogburn
 Address P.O. Box 524 - 32791 Hwy. 38 SALEM, OREGON
 City Scottsburg State Or. Zip 97473

Well Number: _____
WATER RESOURCES DEPT.

(9) LOCATION OF WELL by legal description:
 County Douglas Latitude _____ Longitude _____
 Township 22S N or S, Range 9W E or W, WM.
 Section 8 _____ 1/4 _____ 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Angler's Park
32791 Hwy. 38 Scottsburg, Or.

(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:
 Final Construction approval Yes No Yes No
 Depth of Completed Well 155 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	59	Cement	0	59	47 Sacks
6"	59	155				

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
6"	+1	59	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 50 Drawdown 130 Drill stem at 155 Time 1 hr.

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
 Safty Muddy Odor Colored Other not tested
 Depth of strata: _____

(10) STATIC WATER LEVEL:
25' ft. below land surface. Date 4-22-87
 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	140	50 gpm	25'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Dk. Brown Sandy clay fill	0	13	
Brown Sandy Clay	13	43	
Dark Sandy Clay	43	51	
Blue Sandstone	51	53	
Gray Speckled Sandstone	53	58	
Gray Claystone	58	69	
Gray Speckled Sandstone	69	155	

Date started 4-22-87 Completed 4-23-87

(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 Bob Murphy WWC Number 1344
 Date 4-23-87

(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 Casey Jones WWC Number 559
 Date 4-23-87