

JOSE 50756

RECEIVED

L10073

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

APR 25 1997

WATER RESOURCES DEPT.

(START CARD) # 90684

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

(1) OWNER: Well Number _____
 Name E. Lane Kroes
 Address 587 "C" Buddy LN
 City CLATSOP PASS State OR Zip 97132

(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 135 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18	Bentonite	0	18	15 Sacks
6"	18	160				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other pour

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"	0	135	29	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 135

(7) PERFORATIONS/SCREENS:

From		To		Slot Size	Number	Material	Tele/pipe size	Casing	Liner
								☐	☐
								☐	☐
								☐	☐
								☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
25		130	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 Josephine Latitude _____ Longitude _____
 Township 36 N or S Range 6 E or W. WM.
 Section 33 SW 1/4 SW 1/4
 Tax Lot 5701 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2703 Demary Drive

(10) STATIC WATER LEVEL:

19' ft. below land surface. Date 4-11-97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22'	140	25	19

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Decompose Granite	0	60	
CLAY			
O.G. + Heaving Sand	60	110	
O.G.	110	160	19

Date started 4-10-97 Completed 4-11-97

(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.

WWC Number _____

Signed _____ 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.

WWC Number 1535

Signed Don J. Dwyer Date 4-24-97