

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

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

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NOV 21 1997

L11468

097296

WATER RESOURCES DEPT. (START CARD) #

SALEM, OREGON

(1) OWNER: Mike Cosh Well Number L11468
Name Mike Cosh

Address Pea Bar 94
City Crabtree State OR Zip 97335

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

HOLE			SEAL		
Diameter	From	To	Material	From	To
10	0	18	cement	0	18
6	18	54			

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 in	+16	30	250		☒	☐	☒	☐
Liner:	4 1/2	+12	54	160		☐	☒	☐	☐

Final location of shoe(s) 30 ft.

(7) PERFORATIONS/SCREENS:		From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
☒ Perforations	Method <u>Power saw</u>								
☐ Screens	Type _____								
	Material _____								
		30	40	5/32	30			☐	☒
				4 in				☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour		Yield gal/min	Drawdown	Drill stem at	Time
☐ Pump	☒ Bailer	15	23		1 hr.
☐ Air	☐ Artesian				

Temperature of water 54 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 Jenn Latitude _____ Longitude _____
Township 11S N or S Range 2W E or W. WM.
Section 11 NE 1/4 NW 1/4
Tax Lot 2502 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Crabtree Drive Crabtree one 97335

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 11-10-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 25

From	To	Estimated Flow Rate	SWL
25	35	15	11

(12) WELL LOG:
Ground Elevation 235

Material	From	To	SWL
Top Soil	0	3	
Clay Brown Hard lumpy	3	18	
Light Brown Clay Brown	18	25	
Light Brown & Black	25	35	11
Light Black Clay Gray	35	45	
Clay Shale	45	54	

Date started 11-6-97 Completed 10-10-97

(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.

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 Bob Scheler WWC Number 610 Date 11-11-97