

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

COOS
1254

COOS 1254

T285/R14W/S5 NW/66 NW

(START CARD) #

71680 bb

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

(1) OWNER:

Well Number 324

Name Michael Kieser
Address 2450 N LAKEVIEW
City Chicago State IL Zip 60614

(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 Test well

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 40'-8"
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	41	Bentonite	0	29	285x

How was seal placed: Method A B C D E

Other Poured from surface

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: 5"	+1	353"	160*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	+1/6"	4"	120	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Protective casing)</u>							
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Attached to casing

Screens Type Houston V-wire Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
353"	40'-8"	.016		5"	Pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
20	-	40'	1 hr.

Temperature of water 52° 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 Coos Latitude _____ Longitude _____
Township 28 N or S Range 14 E or W. WM.
Section 5 NW 1/4 NW 1/4
Tax Lot 100600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Randolph Rd
South well Bandon

(10) STATIC WATER LEVEL:

14' ft. below land surface. Date 11/8/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 14'

From	To	Estimated Flow Rate	SWL
14	40	20+	14'

(12) WELL LOG:

Ground Elevation +/-200'

Material	From	To	SWL
Sandy Peat	0	2	
Sandy Clay Orange	2	5	
Sand Brown Fine	5	18	14'
Peat w/ wood DE Brown	18	22	
Gravel medium-Fine w/	22	40	
Course-Fine sand Gray			
Clay Sandy Brown	40	41	

Date started 11/7/94 Completed 11/8/94

(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 1493

Signed Jim Mackin M GWC Date 11/10/94



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Bandon Dunes Golf Resort "SE Test Well"
Mailing Address: 57744 Round Lake Drive Attn: Warren Felton
City: Bandon State: OR Zip: 97411
Mailing Address (to send Well I.D.):
City: State: Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 28 S (North/South) Range: 14 W (East/West) Section: 5
Tax Lot: County: Coos SW 1/4 NW 1/4
Street Address of Well: City:
Owner at time the well was constructed, (if known): Michael Kieser
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: 11/08/1994 Total Well Depth: 41 ft Casing Diameter: 8"
Other Information: AP = 1.57 near Bandon Trails # 3 hole

SUBMITTED BY (please print): Jen Woody, OWRD
PHONE: FAX:

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: Coos 1254 Well Identification #: L 103085