

COOS
4592

RECEIVED

30-15-2 NW-SW

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

SEP 11 1995

(START CARD) # 71665

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number 390
Name BUREAU of Land Management
Address 1300 Airport Lane
City North Bend State OR Zip 97459

(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 70 ft.
Explosives used Yes No Type Amount Top of casing

HOLE SEAL

| Diameter | From | To | Material | From | To | Sacks or pounds |
|----------|------|----|-----------|------|----|-----------------|
| 10" | 0 | 68 | Bentonite | 0 | 32 | 21 sk |
| | | | | | | |
| | | | | | | |

How was seal placed: Method A B C D E
 Other Poured from surface

Backfill placed from ft. to ft. Material
Gravel placed from 32 ft. to 68 ft. Size of gravel 10/20

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|---------|------|-------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Casing: 6" | +3 | 596" | 5/16" | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: 8" | +3 1/2" | 5' | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <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 Johnson V-wire Material Stainless Steel

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| 596" | 70' | 10/18 | | 6" | Tele | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 37 | 14 | 65 | 1 hr. |
| 60 | 23'5" | 65 | 3 hrs |

Pump Bailer Air Flowing Artesian

Temperature of water 52° Depth Artesian Flow Found

Was a water analysis done? Yes By whom Unique Research

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 30 N or S Range 15 E or W WM.
Section 2 NW 1/4 SW 1/4
Tax Lot 700 Lot Block Subdivision
Street Address of Well (or nearest address) Croft Road
Bandon

(10) STATIC WATER LEVEL:
216 TOC ft. below land surface. Date 8/30/95
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 |
|------|----|---------------------|-------|
| 12 | 22 | 5 GPM | 12' |
| 44 | 67 | 100 GPM | 21'6" |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation +/- 300'

| Material | From | To | SWL |
|--|------|----|-------|
| Sand Fine-med Brown | 0 | 22 | 12' |
| Sandy Clay Brown w/ wood and Peat and | 22 | 27 | |
| Sand med Gray Brown | | | |
| Sandy Clay Tan | 27 | 44 | |
| Sand medium-Fine Gray Brown | 44 | 48 | 21'6" |
| Sand medium-Coarse w/ Gravel Fine-medium round Brown | 48 | 66 | |
| Gray Sandy Clay w med -Coarse Gravel | 66 | 67 | |
| Claystone Gray | 67 | 68 | |
| | | | |
| | | | |

Date started 8/30/95 Completed 9/1/95

(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 Mack L. MWC Date 9/5/95