

RECEIVED

COOS WELL I.D.# L07157  
50249 (START CARD) # 93065

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

OCT - 7 1996

WATER RESOURCES DEPT.  
SALEM, OREGON

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

(1) OWNER: Well Number 478  
Name Bill Vincent  
Address PO Box 803  
City Bandon State OR Zip 97411

(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 50' 8"  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
6"	0	498	Cement	0	10	
			Previously installed			
			NOT Disturbed			

How was seal placed: Method  A  B  C  D  E  
 Other W/A  
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	34	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Previously installed			

Liner:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Telescoped  
 Screens Type Johnson V-wire Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
34	39	1.020		6"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
39	44	1.015		6"	Tele	<input type="checkbox"/>	<input type="checkbox"/>
44	49	1.012		6"	Tele	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
85	20'	49	1 hr.

Specific Capacity 4.25 Gal/FT<sup>2</sup>DD

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 30 N or S Range 15 E or W. W.M.  
Section 11 NW 1/4 NE 1/4  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Croft Lake Rd.

(10) STATIC WATER LEVEL:  
10' 8" ft. below land surface. Date 8/20/96  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
10	50	1656 PPM	

(12) WELL LOG:  
Ground Elevation +1-300'

Material	From	To	SWL
Well Previously installed. Jetted screen with water + Air and replaced Drop Pipe on Pump			

Date started 8/20/96 Completed 8/20/96

(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 Bandon Well + Pump Co Date \_\_\_\_\_ WWC Number \_\_\_\_\_

(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 Jim Mackin MGEUC Date 10/4/96 WWC Number 1493