

RECEIVED

COOS 50889

STATE OF OREGON FEB - 6 1998 WELL I.D.# 618614
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT.
Instructions for completing this report are on the back of this form.

618614

28-14-31 SW-SW

(START CARD) # 93137

(1) OWNER: Well Number 539
Name Roy Peters
Address Rt 2 Box 160
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 305' ft.
Explosives used Yes No Type TOC Amount TOC

HOLE SEAL

| Diameter | From | To | Material | From | To | Sacks or pounds |
|----------|------|----|-----------|------|----|-----------------|
| 10" | 0 | 29 | Bentonite | 0 | 10 | 13 SX |

How was seal placed: Method A B C D E
 Other Paired From Surface
Backfill placed from ___ ft. to ___ ft. Material ___
Gravel placed from 18 ft. to 29 ft. Size of gravel 6/9

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------------------|------|------|-------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Casing: 6" | +2 | 18 | 10" | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6" | 23 | 205' | 14" | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (Tie Pipe) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| liner: 8" | +2 | 3 | 20" | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Protective Casing) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

Perforations Method Attached to Casing
 Screens Type Houston V-wire Material Stainless Steel

| From | To | Slot size | Number | Diameter | Tele/pipe | Casing | Line |
|------|----|-----------|--------|----------|-----------|--------------------------|--------------------------|
| 18 | 23 | 5/60 | | 8" | TOC | <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 type="checkbox"/> Air | Flowing <input type="checkbox"/> Artesian |
|--|---------------------------------|------------------------------|---|
| Yield gal/min | Drawdown | Drill stem at | Time |
| 85.7 | 18' | 25 | 1 hr. |
| 76 | 17' | 25 | |

Temperature of water 53° 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 W.M.
Section 31 SW 1/4 SW 1/4
Tax Lot 2100 Lot ___ Block ___ Subdivision ___
Street Address of Well (or nearest address) Hwy 101 S

(10) STATIC WATER LEVEL:
+1 ft. below land surface. Date 2/3/98
Artesian pressure Above lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 5

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 5 | 24 | 80 +/- | +1 |

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

| Material | From | To | SWL |
|-----------------------|------|----|-----|
| Top Soil | 0 | 1 | |
| Sandy Clay Tan | 1 | 5 | +1 |
| Sand Fine-Med Gray | 5 | 14 | |
| Wood | 14 | 15 | |
| Sand Fine-Coarse Gray | 15 | 19 | |
| Gravel Med-Fine W | 19 | 24 | |
| Sand Coarse-Fine Gray | | | |
| Clay Gray | 24 | 29 | |

Date started 1/28/98 Completed 2/4/98
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.

WVC Number ___
Signed Bandon Well + Septic Co. Inc. 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.

WVC Number 1493
Signed Jim Mark L. McWc Date 2/4/98