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JUL - 1 1998

27-14-32 NW.NW

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

WATER RESOURCES DEPT. WELL I.D. # L 18620
SALEM, OREGON START CARD # 111565

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

(1) OWNER: Well Number 554
Name Bandon Dunes L.P. c/o Servicecape Inc
Address PO BOX 9658
City Michigan City State IN Zip 46361

(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 149' ft.
Explosives used Yes No Type (TAC) Amount (TAC)

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
6"	0	260'	Cement	160	260	18 SX
12 1/4"	0	150'	Cement	0	105	40 SX

How was seal placed: Method A B C D E
 Other
Backfill placed from ft. to ft. Material
Gravel placed from 105 ft. to 150 ft. Size of gravel Pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+2	119'	12.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	139	149'	12.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Tail Pipe)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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
119	139	100		8"	Pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
6.3	8'4"	126'	1 hr.
1.25	24"	126'	80 7/16"

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 0005 Latitude Longitude
Township 27 N or S Range 14 E or W.M.
Section 32 NW 1/4 NW 1/4
Tax Lot 401 Lot Block Subdivision
Street Address of Well (or nearest address) West Randolph Rd. Bandon OR

(10) STATIC WATER LEVEL:
82'4" ft. below land surface. Date 6/23/98
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	82	50+	12
104	145	+/-200	82 1/2"
187 204	189 206	+/-20	83
231 245	236 249	4-20 +/-20	83
252	253	+/-20	83

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

Material	From	To	SWL
Sand Fine Brown	0	18	12'
Sandy Clay Tan	18	20	
Sand Fine Brown	20	29	
Sandy Clay Brown	29	31	
Sandy Clay Tan	31	33	
Sand Fine-med Brown	33	41	
Peat w/wood	41	42	
Sand Fine-med w/sandy	42	48	
Clay Gray			
Sand CRS-Fine w/Gravel	48	74	
Fine-med Gray			
Gravel/Fine-CRS w/ Sand	74	82	
Coarse-Fine Brown			
Peat w/Brn Clay + wood	82	86	
Sandy Clay Gray w/ wood	86	90	
+ Gravel med			
Clay Gray	90	99	
Gravel Fine-med Gray	99	104	
w/ wood + Clay			

Continued on Page 2

Date started Completed
(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
Signed Date

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JUL - 1 1998 27-14-32 NW-NW

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

WATER RESOURCES DEPT. WELL I.D. # L. 18620
SALEM, OREGON START CARD # 111565

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

(1) OWNER:

Name Bandon Lines L.P. c/o Servicecape Inc Well Number 554
Address PO BOX 8658
City Michigan City State IN Zip 46361

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<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"/>	<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"/>	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Material	Tels/pipe size	Casing	Liner
							<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"/>	<input type="checkbox"/>

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

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

Temperature of water _____ 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 27 N or S Range 14 E or W W.M. 0
Section 32 NW 1/4 NW 1/4
Tax Lot 401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) West Randolph Rd Bandon OR

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Gravel Fine-med w/sand	104	108	82.4'
CRS-Fine Gray			
Wood w/Gravel Fine-med	108	109	
Gravel Fine-CRS w/sand	109	114	
CRS-Fine + Clay lenses			
Gravel Fine-CRS w/sand	114	120	
CRS-Fine Gray			
Wood w/Gravel CRS-Fine	120	121	
+ Sand CRS-Fine Gray			
Gravel CRS-Fine w/sand	121	124	
Gravel CRS-Fine w/sand	124	126	
CRS-Fine Brown			
Gravel CRS-Fine w/sand	126	130	
CRS-Fine Gray			
Gravel CRS-Fine w/	130	132	
Clay lenses Gray			
Gravel CRS-Fine Gray	132	137	
Gravel Fine-CRS w/sandy	137	139	
Clay Gray			

Continued on Page 3

Date started _____ Completed _____
(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 _____
Signed _____ Date _____

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JUL - 1 1998

27-14-32 NW. NW

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

WATER RESOURCES DEPT. SALEM, OREGON
WELL I.D. # L. 18620
START CARD # 11565

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

(1) OWNER: Well Number 554
Name: Borden Dines L.P. c/o Serriscape Inc.
Address: P.O. BOX 8658
City: Michigan City State: IN Zip: 46361

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<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	Flowing Time
			1 hr.

Temperature of water _____ 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 27 N or S Range 14 E or W. W.M.
Section 32 NW 1/4 NW 1/4
Tax Lot 401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) West Randolph Rd. Bandon OR

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Clay Gray w/ Gravel	139	143	82'4"
Gravel (CB) - Fine Gray	143	145	1
Sandy Clay Gray	145	187	
Gravel (CB) - Fine Gray	187	189	?
Sandy Clay Gray	189	204	
Gravel med - Fine Gray	204	206	?
Sandy Clay Gray	206	210	
Silty Clay w/ wood	210	231	
Gravel Fine - Med Gray w/ wood	231	236	?
Silty Clay Gray	236	240	
Silty Clay Gray w/ shell	240	245	
Gravel Fine-med w/ shell	245	249	
Clay Gray			
Silty Clay Gray Brown	249	252	
Gravel Fine-Med w/ shell	252	253	?
Gray			
Sandstone Gray	253	260	

Date started 5/30/98 Completed 6/29/98

(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 Borden 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.

WWC Number 1493
Signed Jim Mack Sr. M.G.W.C. Date 6/30/98