

COOS
50999

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28-14-31

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

WELL I.D. # L 25207
START CARD # 111579

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

SALEM, OREGON

(1) OWNER: Well Number 570
Name Roy Peters
Address Rt. 2 Box 160
City Bandon State OR Zip 97141

(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 35' 7"
Explosives used Yes No Type _____ Amount (700)

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	35	Bentonite	0	20	18 BX

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

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 20 ft. to 35 ft. Size of gravel 10/20

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 5"	+1	305	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	+1/4	4'	1250	<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"/>
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 Nogata V-wire Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
305	357	1/12		5"	1 1/2"	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20	—	35	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom BWTS
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 31 SW 1/4 NW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Aster St.

(10) STATIC WATER LEVEL:
9' ft. below land surface. Date 7/16/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 9'

From	To	Estimated Flow Rate	SWL
9	34	20+	9'

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

Material	From	To	SWL
Clay Brown	0	2	
Sand Fine-med Orange	2	4	
Sand Fine-med Brown	4	9	
Sand Fine-med Orange	9	11	
Sand Fine-CRS Gray	11	20	
Sandy Clay Gray	20	22	
Sand Fine-CRS w/ Fine	22	25	
Gravel Gray			
Sand CRS-Fine w/ Fine	25	29	
Gravel Gray			
Gravel Fine-med w Sand	29	34	
CRS-Fine + Shell			
Clay Gray	34	35	

Date started 7/16/98 Completed 7/17/98
(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.

Signed Bandon Well & Septic Inc 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 Mack L. McGWC Date 7/17/98
WWC Number 1493