

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

28-14-5
 WELL I.D. # L 25195
 START CARD # 111507

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

(1) OWNER: Well Number 599
 Name Michael Keiser / Brandon Duurs
 Address 2450 N Lakewood
 City Chicago State IL Zip 60614

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other Man Power

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 125' 4"
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	29	Bentonite	0	40	36 x
9"	29	125	Cement	65	85	45 x
Seal previously installed						

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 85 ft. to 125 ft. Size of gravel 1/2" to 2"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	1' 6"	2' 6"	125	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5"	2' 6"	10' 8"	190	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:							

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Attached to casing
 Screens Type Houston V-wire Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
1108'	116' 1"	1/8"		5"	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
+/- 50	-	125'	1 hr.

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 28 N or S Range 14 E or W W.M.
 Section 5 NW 1/4 NW 1/4
 Tax Lot 10100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) RANDOLPH RD. WEST WELL Brandon

(10) STATIC WATER LEVEL:
57' ft. below land surface. Date 10/20/98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 16' 9"

From	To	Estimated Flow Rate	SWL
16' 9"	60	20	169
107	125	50	57'

(12) WELL LOG:
 Ground Elevation +/- 200'

Material	From	To	SWL
Well previously drilled 11/17/94			
Customer requested Pitless adapter be installed. Installed 2" outlet Pitless adapter + cap			
RECEIVED			
NOV 17 1998			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 9/29/98 Completed 10/20/98

(bonded) 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 Brandon Wells & Septic Co. Inc. WWC Number _____ 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.

Signed Jim Mack Sr. M.G.W.C. WWC Number 1493 Date 11/16/98