

0005
51622

MAY 11 2000

27-14-29

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 34007
START CARD # 123839

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

(1) OWNER: Well Number 701
Name Dandon Dunes
Address 57744 Round Lake Drive
City Dandon 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 153' ft.
Explosives used Yes No Type Amount TOC

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
1 1/4"	0	20	Bentonite/Cement	0	20	9 cement/25 Ber
1 1/2"	20	152	Cement	0	90	255K
6"	152	200	Cement	152	200	6 SK

How was seal placed: Method A B Cen D E
 Other Poured From Surface
Backfill placed from 90 ft. to 152 ft. Material Pea
Gravel placed from 90 ft. to 152 ft. Size of gravel Pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	+1	111'3"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	129'3"	134'7"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	141'7"	151'9"	.250	<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"/>

Liner:

(7) PERFORATIONS/SCREENS:

Perforations Method Attached to Casing
 Screens Type Johnson V-w/ Material S.S

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
111'3"	129'3"	1/20		8"	Pipe	<input type="checkbox"/>	<input type="checkbox"/>
134'7"	141'7"	1/20		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
96.3	12'	136	24 1/2 hr.
160	16'1"	136	5 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 005 Latitude Longitude
Township 27 N or S Range 14 E of W.W.M.
Section 29 SE 1/4 SW 1/4
Tax Lot 1200 Lot Block Subdivision
Street Address of Well (or nearest address) 57744 Round Lake Dr.
Well # 4 Dandon

(10) STATIC WATER LEVEL:
84'2" ft. below land surface. Date 5/2/00
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 3'

From	To	Estimated Flow Rate	SWL
3	74	+/-100	3'
106	142	500-600	84'2"
Specific Capacity		10 gal/FT ² DD	
192	194	20 +/-	3

(12) WELL LOG:
Ground Elevation +/- 250'

Material	From	To	SWL
Sand Fine - med Brown	0	5	3
Peat w/ Sand Fine - med Brn	5	8	
Sand Fine - med Brown	8	16	
Sandy Clay Tan	16	17	
Sand Fine - med Brown	17	20	
Sandy Clay orange w/ sand	20	21	
Fine - med Brown	21	21	
Sand Fine - med Brown	20	30	
Sandy Clay Tan	30	31	
Sand Fine - med Brown	31	44	
Peat Brown	44	45	
Sand Fine - med Brown	45	53	
Gravel Fine - med w/ sand	53	55	
Fine - CES Brown			
Gravel med - Fine w/ Sand	55	74	
Fine - CES Brown iron stained			
Gravel Fine - med w/ sand	74	75	
Clay lenses Brown			

See Page 2

Date started 3/24/00 Completed 5/6/00

(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 Dandon Well + Septic Co 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 JMD Made L. M6WC Date 5/9/00
WWC Number 1493

0005
51622

RECEIVED

MAY 11 2000

27-14-29

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

Pg 2

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 34007
START CARD # 123839

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

(1) OWNER: Well Number 701
Name Bandon Dunes
Address 57744 Round Lake Drive
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 _____ 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:

Diameter	From	To	Gauge	Material			
				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"/>

Final location of shoe(s) _____

(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"/>
							<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
 Pump Bailer Air 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 005 Latitude _____ Longitude _____
Township 27 N or S Range 14 E or W. V.M. (W)
Section 29 1/4 52 1/4 SW 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 57744 Round Lake Dr. Well #4 Bandon

(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 Gray w/ Gray Green Clay	75	79	
wood w/ clay sandy Gray + Fine Gravel	79	80	
Silty Clay Gray Brown	80	91	
Silty Clay Blue Gray w/ wood	91	101	
Wood w/ Silty Clay Blue Gray	101	106	
Gravel Fine - med Gray	106	108	B4'2
Gravel CRS - Fine Gray Brown	108	130	
Gravel Fine - CRS w/ wood + Brown Clay	130	135	
Gravel Fine - CRS Green Gray	135	142	
Sandy Clay Green Gray	142	145	
Silty Clay Gray	145	171	
Silty Clay Gray w/ Fine gravel	171	175	
Silty Clay Green Gray	175	192	
Gravel med - Fine Gray	192	194	
Silty Clay Green Gray	194	200	

Date started 3/24/00 Completed 5/6/00

(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 Co 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 d. McGue Date 5/9/00
WWC Number 1493