COOS
51628

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MAY 26 2000

WATER RESOURCES DEPT.
SALEM, OREGON

27-14-29

WELL I.D. # L N/A

START CARD # 111543

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

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

(1) OWNER: Well Number 710

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 50' ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	13	Cement	0	50	14 SX
6"	13	50				

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:	N/A				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
	N/A					☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
N/A			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) WM.

Section 29 NW 1/4 SE 1/4

Tax Lot 1100 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 57744 Round Lake Dr, Bandon (#2A)

(10) STATIC WATER LEVEL:

12' ft. below land surface. Date 5/22/00

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	41	5-10	12'

(12) WELL LOG:

Ground Elevation +/- 300'

Material	From	To	SWL
Topsoil	0	1	
Sandy Clay Orange	1	3	
Sand Fine - med Brown	3	8	
Sand Fine - med Tan	8	10	
Sand Fine - med Orange	10	13	12'
Sand Fine Brown	13	23	
Sand Fine Brown w/ Cemented Sand lenses Orange	23	25	
Sand Fine - med Orange Brn	25	35	
Sand Fine - CRS w/ some Fine Gravel Brown	35	41	
Sandstone Gray	41	44	
Claystone Gray	44	50	

Date started 5/21/00 Completed 5/22/00

~~(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.

WWC 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.

WWC Number 1493

Signed John Mack Jr. MGWC Date 5/24/00