

COOS
51649

27-14-29

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

WELL I.D. # L 34030
START CARD # 111544

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

(1) OWNER: Bandon Dukes Well Number 711
Name Bandon Dukes
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 96'8"
Explosives used Yes No Type TOC Amount TOC

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
15"	0	97	Bentonite	0	40	375X	
6"	97	185	Cement	100	185	155X	

How was seal placed: Method A B C D E
 Other Bentonite Poured from surface
Backfill placed from 40 ft. to 96 ft. Material Cement
Gravel placed from 40 ft. to 96 ft. Size of gravel 3/8X6

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+1	665	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	86'6"	96'8"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7.5" Pipe)				<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 Johnson V-wire Material SS

From	To	Slot size	Number	High Flow	Tele/pipe size	Casing	Liner
66'5"	86'6"	.130			10" Pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

WATER RESOURCES DEPT
SALEM, OREGON

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
225	10'	84	1 hr.
224	14.6'	84	14 1/2 hrs

Temperature of water 51° 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 SE 1/4 NW 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 57744 Round Lake Dr, #2 Bandon OR 97411

(10) STATIC WATER LEVEL:
21'6" ft. below land surface. Date 6/23/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 8'

From	To	Estimated Flow Rate	SWL
8	28	10	8'
33	85	+/- 900	21'6"
126	130	50	89
143	144	?	?
178	179	?	?

(12) WELL LOG:
Ground Elevation +/- 100'

Material	From	To	SWL
Sandy top soil	0	1	
Sand Fine brown	1	12	8'
Sand Fine dark brown	12	28	
Wood w/ cemented sand	28	33	
Fine-med brown			
Sand Fine-med brown	33	45	21'6"
Sand Fine-med brn w/	45	52	
Sandy Clay lenses white to orange and cemented black sand			
Gravel Fine-med w/ sand	52	55	
CRS-Fine brown			
Gravel Fine-med w/ sand	55	65	
CRS-Fine Orange brown			
Gravel med-Fine w/ sand	65	72	
CRS-Fine Gray brown			
Gravel CRS-Fine w/ sand	72	85	
CRS-Fine Gray			
Clay Gray	85	90	
Silty Clay Gray Green	90	100	

Date started 5/26/00 Completed 6/27/00

(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 Jim Mackel McGWC Date 6/28/00

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WELL I.D. # L. 34030
START CARD # 111544

pg. 2

(1) OWNER: Well Number 711

Name Randon Jones
Address 5744 ROUND LAKE DRIVE
City Bandon State OR Zip 97444

(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				Threaded
				Steel	Plastic	Welded		
Casing:				<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

RECEIVED

JUN 29 2000

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

Yield gal/min	Drawdown	Drill stem at	Time

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 29 1/4 SE 1/4 NW 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 57744 Round Lake Dr. Bandon OR 97411

(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
Clay Gray soft sticky	100	105	
Clay Green Gray w/wood	105	110	
Silty Clay Gray w/wood	110	121	
Sandy Clay Gray w/Fine - med Gravel + wood	121	126	
Gravel CRS - Fine Gray	126	130	89
Gravel CRS - Fine Gray w/wood	130	131	
Sandy Clay Gray brn w/	131	138	
Gravel CRS - Fine + Sand Gray			
Silty Clay Gray	138	143	
Gravel med - Fine Gray	143	144	?
Silty Clay Gray	144	163	
Silty Clay Gray w/shell	163	171	
+ Gravel med - Fine Gray			
Silty Clay Gray w/shell	171	178	
Gravel med - Fine Gray	178	179	?
Sandstone Green	179	180	
Claystone Gray	180	185	

Date started 5-26-00 Completed 6-27-00

(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 Randon Jones of Septic 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 _____ WWC Number _____ Date _____