

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

27-14-29
 WELL I.D. # L. 34018
 START CARD # 136005

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

(1) OWNER: Well Number 834
 Name Bandon Summers
 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 Backhoe

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 87 ft.
 Explosives used Yes No Type _____ Amount Toe

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
		Previously installed Not Disturbed			

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:	<u>10</u>	<u>+1</u>	<u>3'</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>(Pitless Adapter)</u>							
	<u>8</u>	<u>-3</u>	<u>6'7"</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>8"</u>	<u>7'7"</u>	<u>8'7"</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>(Tail Pipe)</u>							

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Attached to Casing
 Screens Type Johnson Wire Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>6'7"</u>	<u>7'7"</u>	<u>10/32</u>		<u>8"</u>	<u>Pipe</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Previously installed)</u>							

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>Previously tested</u>			

Temperature of water 53° 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 NE 1/4 NW 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 57744 ROUND LAKE DRIVE, Bandon

(10) STATIC WATER LEVEL:
33'5" ft. below land surface. Date 7/18/02
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 34'8"

From	To	Estimated Flow Rate	SWL
<u>34'8"</u>	<u>76</u>	<u>130</u>	<u>33'5"</u>

(12) WELL LOG:
 Ground Elevation +1-300

Material	From	To	SWL
<u>install monitor pitless adapter on well cut off upper 4'7" of steel casing and installed pitless adapter</u>			

RECEIVED
 JUL 22 2002
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7/18/02 Completed 7/18/02

(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 Cheri Kersay WWC Number 1757 Date 7/18/02

(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 WWC Number 1493 Date 7/18/02