

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL ID. # L 55620
START CARD # 144916

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Bob Belloni Ranch Inc. Well Number _____
Name Bob Belloni Ranch Inc.
Address 650 Anderson AD # A
City Coos Bay State OR Zip 97420

(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 140 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			sack or pounds
Diameter	From	To	Material	From	To	
10	0	25	Bent	25	0	76
6	25	140				

How was seal placed: Method A B C D E
 Other Poured
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: 6	12	60	50/100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	11	140	50/26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	75	1/4 X 5		4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
15		140	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 26 N or S Range 13 E or W
Section 24 A SW 1/4 SE 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 61516 Richmond Way C.B. OR

(10) STATIC WATER LEVEL:
75' ft. below land surface. Date 7-31-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 75'

From	To	Estimated Flow Rate	SWL
75	140	159 gpm	75

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown yellow clay	0	11	
Brown claystone	11	55	
Blue shale	55	140	75

RECEIVED
AUG 27 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7-30-02 Completed 7-31-02
(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.
WWC Number _____
Signed _____ 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 1354
Signed [Signature] Date 8-20-02