

Coos 52820

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 69273
START CARD # W161954

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

(1) LAND OWNER Well Number _____
Name STEVE + GARY GALT
Address P.O. Box 765
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 HYDRAULIC

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

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

HOLE		SEAL			
Diameter	From	To	Material	From	To
10"	0	20	benzene	0	18
					19

How was seal placed: Method A B C D E
 Other POURED FROM SURFACE
Backfill placed from 20 ft. to 18 ft. Material WHITE SAND
Gravel placed from 28 ft. to 34 ft. Size of gravel 3/12

Casing:	Diameter		Gauge	Steel	Plastic	Welded	Threaded
	From	To					
	6"	0	38	SPR36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	+2	23	40	<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 ATTACHED TO CASING
 Screens Type MILLED SLOTS Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	20	10/0				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30	28'	35'	1 hr.

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 29 N or S Range 14W E or W
Section 8 NE 1/4 NW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5411 ROSA RD.

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 6-1-99
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 16 FT

From	To	Estimated Flow Rate	SWL
30'	38'	30	16

(12) WELL LOG:
Ground Elevation +/- 290'

Material	From	To	SWL
RED BROWN SANDY LOAM	0	11	
BROWN SAND	11	15	
WHITE SAND	15	35	
WHITE SAND/PEA GRAVEL	35	38	

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JAN 15 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-1-99 Completed 9-1-99

(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 _____
Signed [Signature] Date 9/5/99

Coos

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. # L START CARD # W161954

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

(1) LAND OWNER Name STEVE & GARY GALT Well Number Address P.O. Box 765 City Bandon State OR Zip 97411

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Auger [X] Other HYDRAULIC

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [X] Other CRANBERRY

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

Table with columns for HOLE Diameter, From, To, Material, and SEAL From, To, Sacks or pounds. Includes handwritten entries for 10 inch diameter hole and bentonite seal.

How was seal placed: Method [] A [] B [X] C [] D [] E [X] Other POWDER FROM SURFACE

Backfill placed from 28 ft. to 18 ft. Material WHITE SAND Gravel placed from 28 ft. to 34 ft. Size of gravel 8/12

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten entries for 6 inch casing and 4 1/2 inch liner.

Drive Shoe used [] Inside [] Outside [X] None Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method ATTACHED TO CASING [X] Screens Type MILLED SLOTS Material PVC

Table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes handwritten entries for slot size 10/0 and number 35.

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [] Air [] Flowing [] Artesian Yield gal/min 30 Drawdown 28' Drill stem at 35' Time 1 hr.

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 29 N or S Range 14 W E or W Section 8 NE 1/4 SW 1/4 Tax Lot 200 Lot Block Subdivision Street Address of Well (or nearest address) 54111 ROSA RD.

(10) STATIC WATER LEVEL: 12 ft. below land surface. Date 6-1-99 Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES: Depth at which water was first found 16 FT

Table with columns for From, To, Estimated Flow Rate, SWL. Includes handwritten entries for 30' to 38' depth and 30 flow rate.

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

Table with columns for Material, From, To, SWL. Includes handwritten entries for RED BROWN SANDY LOAM, BROWN SAND, WHITE SAND, and WHITE SAND/PEA GRAVEL.

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JAN 15 2004

WATER RESOURCES DEPT SALEM, OREGON

Date started 6-1-99 Completed 9-1-99

(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.

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.

WWC Number Signed Date 9/5/99

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

(WELL I.D.)# L _____
(START CARD) # _____

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

(1) OWNER: Well Number _____

Name STEVE + GARY GANT
Address P.O. Box 765
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 HYDRALIC

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other CANBURY USE

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 38 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Backs or pounds	
<u>18"</u>	<u>0</u>	<u>20</u>	<u>BARONITE</u>	<u>0</u>	<u>18</u>	<u>19</u>	
<u>7 1/2"</u>	<u>20</u>	<u>38</u>					

How was seal placed: Method A B C D E

Other POURED FROM SURFACE

Backfill placed from 28 ft. to 19 ft. Material WHITE SAND

Gravel placed from 28 ft. to 38 ft. Size of gravel 3/12

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>4 1/2"</u>	<u>38</u>	<u>0</u>	<u>50226</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>6"</u>	<u>+2'</u>	<u>23</u>	<u>608</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method ATTACHED TO CASING

Screens Type MILLED SLOTS Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>35</u>	<u>20</u>	<u>10/0</u>		<u>4 1/2"</u>	<u>4 1/2"</u>	<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
<u>30</u>	<u>28'</u>	<u>35'</u>	<u>1 hr.</u>

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 29 N or S Range 14W E or W WM
Section 8 NE 1/4 NW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 54111 Rose Rd.

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date 6-1-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 16 FT.

From	To	Estimated Flow Rate	SWL
<u>30'</u>	<u>38'</u>	<u>30</u>	<u>16</u>

(12) WELL LOG:

Ground Elevation +250'

Material	From	To	SWL
<u>RED/BROWN SANDY LOAM</u>	<u>0</u>	<u>11</u>	
<u>BROWN SAND</u>	<u>11</u>	<u>15</u>	
<u>WHITE SAND</u>	<u>15</u>	<u>35</u>	
<u>WHITE SAND / PEA GRAVEL</u>	<u>35</u>	<u>38</u>	

RECEIVED

JAN 15 2000

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-1-99 Completed 9-1-99

(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 _____
Signed Steve Gant Date 9/5/99

*CORRECTED