

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.745)

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

(WELL ID.) # 1 88838(START CARD) # 188840

(1) OWNER: Well Number _____
Name TOM ADAMS
Address 8829 WASHBOUG LANE 87460 Oberman Rd
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 29.8 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

BORE			SEAL		
Diameter	From	To	Material	From	To
10	0	18	CEMENT	0	18
6	18	29.8			

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	Casing	Plastic	Wellbore	Threatened
5"	+1	18	☒	☐	☒	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☒ Screens Type V WIRE Material SS

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
18	29.8	.08		.5		☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gpm/min	Drawdown	Drill stem at	Flowing Time
10		28	1 HR

Temperature of water 51 DEGREE 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 S Range 15 W WM.
Section 1 NW 1/4 SE 1/4
Tax Lot 2188 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) ACROSS STREET FROM 87460 OBERMAN RD, BANDON OR 97411

(10) STATIC WATER LEVEL:
1 _____ ft. below land surface. Date 2-13-04
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	29.8	10 GPM	1

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BLACK SOIL	0	1	
BROWN SAND	1	12	
BROWN SAND WITH FINE GRAVEL	12	20	
BROWN SAND WITH MEDIUM GRAVEL	20	29.8	1'
GRAY CLAY STONE	29.8		
RECEIVED			
MAR 15 2004			
WATER RESOURCES DEPT			
SALEM, OREGON			
RECEIVED			
FEB 20 2004			
WATER RESOURCES DEPT			
SALEM, OREGON			

Date started 2-13-04 Completed 2-13-04

(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 Kenn S. Hawley WWC Number 1888
Date 2-13-04

(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 John N. Hylleberg WWC Number 1738
Date 2-18-04

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER