

OCT 18 2004

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT

3015-01
WELL I.D. # L 69444
START CARD # 169910

Instructions for completing this report are on the back of this form.

(1) LAND OWNER Well Number 1025
Name West Coast Game Park / ROBERT TENNEY
Address 41914 Hwy 101
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 48' 1/2"
Explosives used Yes No Type Amount (TCC)

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | |
| 10" | 0 | 48' | Portland | 0 | 33' | 19 3/4 |

How was seal placed: Method A B C D E
 Other Poured from surface
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 33' ft. to 48' ft. Size of gravel 10/20

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------------------|------|-----|-------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 5" | +1 | 43' | 160# | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6" | +1' | 4' | 250# | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Protective Casing) | | | | | | | |

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

(7) PERFORATIONS/SCREENS:
 Perforations Method Attached to casing
 Screens Type Nylon V-wire Material SS

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| 48' | 48' | .012 | | 5" | Pipe | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| 5 | 8' | 48 | 1 hr. |

Pump Bailer Air Artesian

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom DW & P
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

Bandon Well & Pump Company

(9) LOCATION OF WELL by legal description:
County Coos Latitude _____ Longitude _____
Township 30 N or S Range 15 E or W M.
Section 01 NE 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 41914 Hwy 101 Bandon

(10) STATIC WATER LEVEL:
35' 4" ft. below land surface. Date 10/13/04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 38'

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 38 | 47 | 5 | 35' |

(12) WELL LOG:
Ground Elevation +/- 300'

| Material | From | To | SWL |
|--------------------------------|------|----|-----|
| Topsoil | 0 | 1 | |
| Sandy Clay Orange brown | 1 | 6 | |
| Sand Fine - med brown | 6 | 11 | |
| Sand F-m w/ Sandy Clay Tan | 11 | 13 | |
| Sandy Clay Tan Brown | 13 | 17 | |
| Sand F-m brn w/ Sandy Clay Tan | 17 | 35 | |
| Sandy Clay Tan w/ Sand Fine | 35 | 38 | |
| Sand Fine brn w/ Sandy Clay | 38 | 39 | |
| Sand Fine - m w/ Gravel | 39 | 46 | |
| Fine + Sandy Clay Tan brown | | | |
| Gravel F-m w/ Sand F - m Brown | 46 | 47 | |
| Clay Stone Gray | 47 | 48 | |

Date started 10/13/04 Completed 10/13/04

(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.
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 1493
Signed Jim Mack Sr. MGCW Date 10/14/04