## STATE OF OREGON WELL I.D. # L WATER SUPPLY WELL REPORT (as required by ORS 537.765) START CARD # Instructions for completing this report are on the last page of this form. (9) LOCATION OF WELL by legal description: (1) LAND OWNER Well Number Name OFEAN ROSE ROBERT BRYSOM County\_\_\_\_\_\_\_\_ Latitude Longitude 49612 HWY N or & Range Township Bandon (2) TYPE OF WORK Tax Lot 3200 Lot Block Subdivision New Well Deepening Alteration (repair/recondition) Abandonment Street Address of Well (or nearest address) (3) DRILL METHOD: ☐ Rotary Air 【 Rotary Mud ☐ Cable ☐ Auger (10) STATIC WATER LEVEL: 9'2" ft. below land surface. ☐ Other. Artesian pressure \_lb. per square inch (4) PROPOSED USE: ☐ Domestic 【 Community ☐ Industrial ☐ Irrigation (11) WATER BEARING ZONES: ☐ Livestock ☐ Other. ☐ Thermal ☐ Injection 92" Depth at which water was first found \_ (5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 25'3 То **Estimated Flow Rate** SWL From Explosives used Yes No Type. Amount 2 L HOLE SEAL. Material 🔥 (12) WELL LOG: How was seal placed: $\Box$ C Method $\square$ A Ground Elevation Dother Powed from Material From To SWL Backfill placed from ft. to ft. Material Size of gravel 10/20 \_ft. to<u>224</u> 0 Gravel placed from 48 (6) CASING/LINER: Plastic Welded Threaded ed 3 and bth 917 区 X 10 ine Tan 10 18 1.3 $\Box$ П П 21 Drive Shoe used Inside Outside None Final location of shoe(s) (7) PERFORATIONS/SCREEN Method A Hached □ Perforations Material Screens Tele/pipe Slot 0 2004 Casing size Number Diameter Liner From size WATER RESOURCES DE SALEM, OREGON Date started Completed (8) WELL TESTS: Minimum testing time is 1 hour Flowing (unbonded) Water Well Constructor Certification: Pump ☐ Bailer ☐ Air ☐ Artesian I certify that the work I performed on the construction, alteration, or abandon-Yield gal/min Drill stem at Time Drawdown 1 hr.

ment 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

WWC Number 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

Signed

WWC Number

Bandon Well & Pump Company

Did any strata contain water not suitable for intended use?

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth Artesian Flow Found Yes By whom Bw+

☐ Too little

Temperature of water 5.3°

Was a water analysis done?

Depth of strata: