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MAY 0 9 2005
WATER RESOURCES DEPT
SALEM, OREGON

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

WELL I.D. # L N/A

START CARD # 172294

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

(1) LAND OWNER Well Number 1053
Name Robbin's Nest RV Park (Gregory)
Address 49034 Hwy 101
City Bandon State OR Zip 97411

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☒ Abandonment ☐ Conversion

(3) DRILL METHOD
☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other RV Park

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 13' ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10"	0	13	Cement	0	13	5 sx

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	Gauge	Steel	Plastic	Welded	Threaded
Casing:	N/A				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS
☐ Perforations Method
☐ Screens Type _____ Material

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water _____ 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: Bandon Well & Pump Company

(9) LOCATION OF WELL (legal description)
County Coos
Tax Lot 100 Lot
Township 29 N or (S) Range 15 E or (W) WM
Section 13 NE 1/4 NE 1/4
Lat ___°___'___" or ___.___ (degrees or decimal)
Long ___°___'___" or ___.___ (degrees or decimal)
Street Address of Well (or nearest address) 49034 Hwy 101 Bandon

(10) STATIC WATER LEVEL
3' ft. below land surface. Date 4/28/05
_____ ft. below land surface. Date
Artesian pressure _____ lb. per square inch Date

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

From	To	Estimated Flow Rate	SWL
5	11	+/-2	3'

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

Material	From	To	SWL
Topsoil	0	3	
Cemented Sand brown	3	5	
Sand fine brown	5	11	3'
Clay stone gray blue soft	11	13	

Date Started 4/28/05 Completed 4/28/05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date

Signed

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 Date 4/29/05

Signed Jim Mack for MGWC

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