

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

COOS 54735

WELL LABEL # L 102281
START CARD # 204871
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D.
First Name SEAN Last Name RANDLE
Company _____
Address 23939 E. Bay Dr.
City North Bend State OR Zip 97459

(2) TYPE OF WORK ☒ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.

Seal Material _____

Casing Type: ☐ Steel ☐ Plastic ☐ Other _____

Casing Gauge _____ Casing Diameter _____

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

(4) PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 163 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	0	20	BENT	0	20	14	5 KRS
6"	20	163					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other poored from top

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	6"	+	1	69	.35"	X		X	
X	4.5"		3	163			X	X	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 69

Temporary casing ☒ Yes Diameter 10" From 1.5 To 20

(7) PERFORATIONS/SCREENS

Perforations Method SAW
Screens Type _____ Material _____

Perf	Scrn	Csng/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X		X		83	163	.125	5"	72	4.5"

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 5 gpm Drawdown 163 Drill stem/Pump depth 1 hr Duration (hr)

Temperature 62 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Coos Twp 25 N or S Range 12 E or W W.M.
Sec 30 SE 1/4 of the NW 1/4 Tax Lot 502
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 93239 E. Bay Dr.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>6-26-10</u>			<u>45 ft</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 94' 30"

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-24-10</u>	<u>94'</u>	<u>110'</u>	<u>6 gpm</u>			<u>45'</u>
<u>6-26-10</u>	<u>94'</u>	<u>110'</u>	<u>6 gpm</u>			<u>45'</u>

(11) WELL LOG

Ground Elevation 50'

Material	From	To
Top Soil	0	1
Red Clay	1	2
Brown Clay	2	4
Red Clay	4	14
Grey Clay Stone	14	30
Sandy Brown Clay Stone	30	45
Brown Sand Stone	45	57
Grey Sand stone w/coal	57	81
Grey Clay Stone	81	110
Coal & Sand Stone	110	163

Date Started 6-17-10 Completed 6-26-10

(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.

License 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.

License Number 1873 Date 7-22-10

Signed Evan Walke

Contract No. _____

RECEIVED

JUL 27 2010