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.

DRAFT

COOS 54767

WELL LABEL # L 10 2282
START CARD # 204873
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D.
First Name RAY Last Name BEATY
Company
Address 93407 Upper Loop LN
City Coos Bay State OR Zip 97420

(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 _____ ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Sacks/lbs
16"	0	27	BENT	27	0		3
6"	27	103					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured from Surface
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	32	.250	X		X	
	X	4½"		3	103					

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 32
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(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		43	103	.125	6"	56	4½"

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
6gpm		103	1 hr

Temperature 52 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS _____

From	To	Description	Amount	Units

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WATER RESOURCES DEPT.
SALEM, OREGON

(9) LOCATION OF WELL (legal description)
County Coos Twp 27 N or (S) Range 13 E or (W) W.M.
Sec 2 SW 1/4 of the NE 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat 43° 03' 58.7" or _____ DMS or DD
Long 123° 57' 09.5" or _____ DMS or DD
Street Address of Well (or nearest address) 93407 Upper Loop LN

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	9-30-10			30' bgs

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 62

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9-30-10	62	103	6gpm			30' bgs

(11) WELL LOG Ground Elevation 200 ft

Material	From	To
Red Clay	0	2
Red clay stone w/ coarse sand	2	18
Brown clay w/ gravel 3/8"	18	21
Brown Clay Stone	21	31
Grey Sand Stone	31	60
Basalt	60	63
Grey Clay Stone	63	103

Date Started _____ Completed _____

(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 9-19-10
Signed _____
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

01/02/2009