COOS 54790

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 54790
WELL LABEL # L 102294
START CARD # 204874
ORIGINAL LOG #

(1) LANDOWNER. Owner Well I.D. _____
First Name Andy Last Name Taylor
Company _____
Address 54794 Bear Creek
City Bandon State OR Zip 97411

(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	SEAL Material	From	To	Amount	Sacks/lbs
10"	0	22	Dent	22	0	16	Sacks
8"	22	63					

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	37	.250	X		X	
	X	4½		3	63	Sch 40		X	X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) NONE
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	63	1/8"	5"	18	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)
20		63	1

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

From	To	Description	Amount	Units

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(9) LOCATION OF WELL (legal description)
County Coos Twp 28S N or S Range 14W E or W W.M.
Sec 34 SW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat ___° ___' ___.___" or ___.___ DMS or DD
Long ___° ___' ___.___" or ___.___ DMS or DD
Street Address of Well (or nearest address) 54794 Bear Creek

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	10-8-10			26

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 45 bgs

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-8-10	45	63	20gpm			26 bgs

(11) WELL LOG Ground Elevation 200'

Material	From	To
Brown Clay	0	17
Grey Clay Stone	17	63

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WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-6-10 Completed 10-8-10

(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 11-4-10
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

WATER RESOURCES DEPT
SALEM, OREGON

01/02/2009

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