## COOS-54791

COOS 54791

STATE OF ORLGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

11-12-2010

Page 1 of 1

|            | START CARD # 1012087  |                  |                  |  |  |
|------------|---|------------------|------------------|--|--|
| _          | (9) LOCATION OF WELL (legal desc  | ription)         |                  |  |  |
|            | County Coos Twp 18 00 S N/S   |                  | w E/W WM         |  |  |
| _          | Sec 21 SW 1/4 of the SE 1/4   | Tax Lot 700      |                  |  |  |
|            | Tax Map Number  | Lot              | ·                |  |  |
|            | Let "O "or  |                  | DMS or DD        |  |  |
| -          |   |                  | DMS or DD        |  |  |
|            |   | - 44             | _ DMS 07 DD      |  |  |
| _          | Street address of well Newrest address 88010 Hwy 42S, Unit #9. Bandon   |                  |                  |  |  |
|            | (10) STATIC WATER LEVEL Date SWL(psi) + SWL(R)  |                  |                  |  |  |
| -          | Existing Well / Predeepening  |                  | D. 12.(11)       |  |  |
|            | Completed Well 11-11-2010   |                  | 31.8             |  |  |
|            |   | Dry Hole?        | 13.4             |  |  |
|            | WATER BEARING ZONES Depth water w   |                  | 11               |  |  |
| ODV)       | -   | -                |                  |  |  |
| ору)       | 11-10-2010 41 57 6.2  | WL(psi)          | + SWL(ft)        |  |  |
| eks/       | 11-10-2010 41 57 6.2  |                  | 31./3            |  |  |
| bs         |   | 7                |                  |  |  |
| s          |   | 1                |                  |  |  |
|            |   |                  |                  |  |  |
|            | 41. 1777 1 00   |                  |                  |  |  |
|            | (11) WELL LOG Ground Elevation 50   | 00               |                  |  |  |
|            | Material  | From             | To               |  |  |
| - 1        | Τορεωί  | 0                |                  |  |  |
| -          | Gravel c-f  | 1                | 3                |  |  |
| - 1        | Sand f-m dark brown   | 3                | 12               |  |  |
| I          | Sand f-m brown  | 12               | 16               |  |  |
| _          | Sandy clay w/ sand f-m tan  |                  | 18               |  |  |
|            | Sand f-m w/sandy clay brown   |                  | 25               |  |  |
| ırd        | Sand f-m brown  |                  | 30               |  |  |
|            | Sandy clay w/gravel f tan   | 30               | 37               |  |  |
| ┙╽         | Peat w/clay dk brown Sand f-m w/sandy clay brown  | 17               | 41               |  |  |
| _          | Wood (soft) w/sand f-m brown  | 41               | 44               |  |  |
| J          | Gravel fine w/sund c-f brown & sandy clay 10%   | 54               | <u>54</u><br>57  |  |  |
| _          | Clay blue gray  | 57               | _5X              |  |  |
|            |   |                  |                  |  |  |
| · [        |   |                  |                  |  |  |
| - /        |   |                  |                  |  |  |
|            |   |                  |                  |  |  |
| - I        |   |                  |                  |  |  |
| <u>-</u>   |   |                  |                  |  |  |
| /<br>IZC   | Date Started 11-09-2010 Completed   | 11-11-2010       |                  |  |  |
| _          | (unbonded) Water Well Constructor Certification   |                  |                  |  |  |
|            | I certify that the work I performed on the construction, deepening, alteration, or  |                  |                  |  |  |
| $\dashv I$ | abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to |                  |                  |  |  |
| <b>⊣</b> I | construction standards. Materials used and information best of any knowledge and belief   | ation reported a | DONE BLE DITE 19 |  |  |
| ┵╽         | • •   |                  |                  |  |  |
| - }        | License Number Date   |                  |                  |  |  |

WELL LABEL # L \_92403

| Feat Name Audies   | (1) LAND OWNER Owner Well I.D 1366   | (9) LOCATION OF WELL (legal description)   |  |  |  |
|--|--|--|--|--|--|
| Company   Since   OR   Zip 5741    1   | First Name Audrey Last Name Bailey   |  |  |  |  |
| Address 900 PNo 475, Unit 97   Color   Bandon   Soute OR   Zip 9741    Industrial Commercial   Abandonment   Abandonment   One or   OMS or DO   OMS or DO   Abandonment   Ome or   OMS or DO   OMS o   | Company  |  |  |  |  |
| 2) TYPE OF WORK   New Well   Deprending   Conversion      |  | Tax Map Number Lot   |  |  |  |
| Metabout repair/recordulation   Ashandoment   Conversion   Ashandoment   Conversion   Conversi   | City Bandon State OR Zip 97411   |  |  |  |  |
| Abandorment      | (2) TYPE OF WORK New Weli Deepening Conversion   | Long OMS or DD   |  |  |  |
| State   Properties   Properti   |  | Street address of well Nearest address   |  |  |  |
| Revene Rotary   Other  | (3) DRILL METHOD   |  |  |  |  |
| Compared Well   List 2010      |  |  |  |  |  |
| Industrial Commercial   Livestock   Deveatering   Deveat   | (4) PROPOSED USE Domestic Tirigation Community   | 2 1 1 1 1 1 2 1 1  |  |  |  |
| Symbolis   Completed Well   Spo   R   SEAL   SEAL   Secondary   Symbolis   From   To   Fast Flow, SWL(psi)     |  |  |  |  |  |
| Simple   Completed Well   \$200   R.   SEAL   SEAL  |  |  |  |  |  |
| Depth of Completed Well S8.00 R  BONE HOLE  Dia From To Material From To Ann lbs  Resonant D. 1 S S.  Res  |  |  |  |  |  |
| BOKE HOLE  Day  From To Material    1  |  | والمرازي المرازي المرا |  |  |  |
| Dia   From   To   Material   Method   A   B   C   D   E  | BOUR HOLD AND  |  |  |  |  |
| How was seal placed   Method   A   B   C   D   E   |  |  |  |  |  |
| Toplace   Method   A   B   C   D   E   |  |  |  |  |  |
| How was seal placed Method A B C D E   Chef Pour from surface   Date   Construction   Constr | 10 3 58 Hentonite 3 45 28 S  |  |  |  |  |
| How was seal placed Method A B C D E    Other Pour from surface  |  | (11) WELL LOG Ground Elevation 500   |  |  |  |
| Reckfil placed from  | How was seal placed Method A B C D E   |  |  |  |  |
| Backfill placed from Rt to R. Material Stand Size 10/20 Explosives used Yes Type Amount  |  | Transit  |  |  |  |
| Filter pack from 45  | Backfill placed from It to ft. Material  |  |  |  |  |
| Explosives used   Yes   Type   | Filter pack from 45 ft to 58 ft Material Sand Size 10/20   |  |  |  |  |
| Casing Liner   Dia   |  |  |  |  |  |
| Casing Liner   Dia   | (6) CASING/LINED   | Total Construction of the  |  |  |  |
| Peat w/clay dic brown   Sand f-m w/sandy clay brown   Sand f-m brown   Sand f-m w/sandy clay brown   Sand f-m brown   Sand f-m w/sandy clay brown   Sand f-m w/sandy clay brown   Sand f-m brown     | Casing Liner Dia + From To Gauge Stl Pists Wid Thrd  |  |  |  |  |
| Shee   Inside   Outside   Other   Location of shee(s)    Temp casing   Yer   Dia   From   To    (7) PERFORATIONS/SCREENS    Feeforations   Method   Screens   Type   Johnson V-Wire   Malerial   StainlersState!      Perf/S   Casing/Screen   S   Stands   StainlersState!  | <b>⑤ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○</b>   |  |  |  |  |
| Shee   Inside   Outside   Other   Location of shoe(s)  |  | Control of the state of the sta |  |  |  |
| Shee Inside Outside Other Location of shoe(s)  Temp casing Yer Dia From To  (7) PERFORATIONS/SCREENS  Ferforations Method Screen Type Johnson V-Wire Material StainlessSteel  Perf/S Casing/ Screen Cocen Liner Dia From To width length slots pipe size core current Dia From To width length slots pipe size pipe size  Screen 5 53 58 021 55 (unboaded) Water Well Constructor Certification 1 centify that the work 1 performed on the construction, deepening, alteration, or abandonment of this well us 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    Date    |  | Washington A. Washington A.  |  |  |  |
| Shee   Inside   Outside   Other   Location of shoe(s)  |  | C - 18 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   |  |  |  |
| Temp casing   Ver   Dia  |  | Claublus area  |  |  |  |
| Performations   Method   Screen   Type   Johnson V-Ware   Material   StainlessSized  |  |  |  |  |  |
| Perf/S Casing/Screen   Scru/slot   Slot   # of Tele/slots   Tele/slo   |  | <del></del>  |  |  |  |
| Screen Type Johnson V-Wiste Material Stainless Stact  Perf/S Casing/ Screen creen Liner Dia From To width length slots pipe size  Screen 5 53 58 021 55  Cannon To width length slots pipe size  Cannon To Wid |  |  |  |  |  |
| Perf/S Casing/Screen    Scrm/slot   Slot   # of Tele/slots   Tele/slot |  |  |  |  |  |
| Screen   |  |  |  |  |  |
| Screen   5   53   58   021   5   5   6   6   6   6   7   6   7   6   7   7   |  | Date Started 11-09-2010 Completed 11-11-2010   |  |  |  |
| 1 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    Signed   Sign   |  |  |  |  |  |
| 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 any knowledge and belief  License Number Date    Date   Date   Duration (hr)   | 33 36 021  | • • • • • • • • • • • • • • • • • •  |  |  |  |
| the best of my knowledge and belief    Comparison   Compa |  | abandonment of this well is in compliance with Oregon water supply well  |  |  |  |
| (8) WELL TESTS: Minimum testing time is 1 hour  Pump   |  |  |  |  |  |
| Pump   |  | _  |  |  |  |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  6.2 21 57 (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 I.icense Number 1491 Date 11-12-2010 Flectronically Filed Signed IAMES A MACK SR (E-filed)   |  |  |  |  |  |
| Construction Certification   Construction Certification   Construction   Constr   |  | 1  |  |  |  |
| 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 1493 Date 11-12-2010  Flectronically Filed  Signed 1AMES A MACK SR (Eafiled)   |  |  |  |  |  |
| work performed on this well during the construction dates reported above. All work  Temperature 54 °F Lab analysis 🖾 Yes By Blandon Well & Pump Co  Water quality concerns? Yes (describe helow)  From To Description Amount Units  License Number 1493 Date 11-12-2010  Flectronically Filed  Signed JAMES A MACK SR (Exfiled)  | 67 21 51   |  |  |  |  |
| Temperature 54 °F Lab analysis X Yes By Handon Well & Pump Co  Water quality concerns? Yes (describe below)  To Oescription Amount Units  License Number 1493 Date 11-12-2010  Flectronically Filed  Signed JAMES A MACK SR (E-filed)  |  |  |  |  |  |
| Water quality concerns?  Yes (describe helow)  From To Description Amount Units  License Number 1493 Date 11-12-2010  Flectronically Filed  Signed JAMES A MACK SR (E-filed)   | Temperature 44 °F Lab analysis X yes By Handon Well & Pump Cu performed during this time is in compliance with Oregon      |  |  |  |  |
| From To Description Amount Units License Number 1493 Date 11-12-2010 Flectronically Filed Signed JAMES A MACK SR (Eafiled)   | Water quality concerns? Yes (describe below) construction standards. This report is true to the best of my knowledge and b |  |  |  |  |
| Signed JAMES A MACK SR (E-filed)   |  |  |  |  |  |
|  |  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
|  |  | Signed   IAMES A MACK SR (E-filed)   Contact Info (optional) Randon Well & Perror Co. (541) 347-7867   |  |  |  |

