

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

COOS 55895

6/6/2014

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

111130

1023152

(1) LAND OWNER

Owner Well I.D. 1488 HL (C)

First Name MICHAEL Last Name KEISER
Company BANDON DUNES
Address 57744 ROUND LAKE DRIVE
City BANDON State OR Zip 97411

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD

☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 130.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	130	Bentonite Chips	0	50	50	S
6	130	168	Cement	130	168	6	S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other POUR FROM SURFACE

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

Filter pack from 50 ft. to 130 ft. Material SAND Size 10/20Explosives used: ☐ Yes Type _____ Amount _____**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Johnson V-Wire Material Stainless Steel

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Screen	Casing		5	125	130	.021			5

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
6	101	120	2

Temperature 52 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)County COOS Twp 29.00 S N/S Range 15.00 W E/W WMSec 25 SW 1/4 of the NW 1/4 Tax Lot 1001

Tax Map Number _____ Lot _____

Lat _____ " or 43.03305556 DMS or DD

Long _____ " or -124.43361111 DMS or DD

☒ Street address of well ☐ Nearest address

NO# END OF HOFFER LANE, BANDON

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/4/2014			17

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 8.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/30/2014	8	42	30			8
6/4/2014	110	133	6			17

(11) WELL LOGGround Elevation 100.00

Material	From	To
Sand f brown	0	8
Sand f brown w/wood	8	19
Wood	19	20
Wood w/sand f brown`	20	22
Peat	22	23
Clay gray brown	23	26
Sand f-c brown gray	26	29
Sandy clay gray brown w/peat	29	31
Gravel f-m w/sand c-f gray brown	31	33
Sand c-f w/gravel f gray brown	33	42
Sandy clay green	42	70
Sandy clay green w/ brown lenses	70	73
Sandy clay green w/gravel m-f 5%	73	75
Sandy clay green	75	88
Sandy clay gray green	88	95
Sandy clay green gray w/gravel f-m 5%	95	103
Sandy clay green gray w/brown lenses	103	105
Sandy clay green brn w/gravel f-m 5%	105	110
Gravel f-c gray w/sandy clay	110	112

Date Started 5/19/2014 Complete 6/4/2014**(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 1493 Date 6/6/2014Signed JAMES A MACK SR (E-filed)Contact Info (optional) Bandon Well & Pump Company (541) 347-7867

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

