

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

COOS 57374

WELL I.D. LABEL# L 129835
START CARD # 1039390
ORIGINAL LOG #

12/14/2018

(1) LAND OWNER
Owner Well I.D. 1748 SR6
First Name MICHAEL Last Name KEISER
Company BALLY BANDON LLC (6)
Address 875 N MICHIGAN AVE # 3920
City CHICAGO State IL Zip 60611

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Material From To Amt sacks/lbs
Seal: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(3) DRILL METHOD
[ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [ ] Irrigation [X] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 85.00 ft.
BORE HOLE
Dia From To Material SEAL Amt sacks/lbs

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POUR FROM SURFACE
Backfill placed from \_\_\_ ft. to \_\_\_ ft. Material \_\_\_
Filter pack from \_\_\_ ft. to \_\_\_ ft. Material \_\_\_ Size \_\_\_
Explosives 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 \_\_\_ Material \_\_\_
Perf/ Casing/ Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 54 °F Lab analysis [ ] Yes By \_\_\_
Water quality concerns? [ ] Yes (describe below) TDS amount 106 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County coos Twp 27.00 S N/S Range 14.00 W E/W WM
Sec 20 NW 1/4 of the NW 1/4 Tax Lot 100
Tax Map Number \_\_\_ Lot \_\_\_
Lat \_\_\_ ' \_\_\_ " or 43.22084115 DMS or DD
Long \_\_\_ ' \_\_\_ " or -124.39157665 DMS or DD
[ ] Street address of well [ ] Nearest address
NO# WHISKEY RUN RD, BANDON

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [ ] [ ]
Completed Well 12/4/2018 [ ] 48
Flowing Artesian? [ ] Dry Hole? [ ]

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 6/29/2018, 48, 77, 50, 48.

(11) WELL LOG
Ground Elevation 149.00
Material From To
Sandy topsoil 0 1
Cemented sand brown orange 1 3
Sand f brown orange 3 6
Sand f w/sandy clay tan 6 9
Sand f-m brown 9 11
Sand f-m brown orange 11 13
Sandy clay w/sand f-m tan 13 18
Sand f-m tan 18 35
Sand f-c brown 35 56
Sand c-f w/gravel f brown orange 56 63
gravel f-m w/sand c-f gray brown 63 74.5
Clay w/gravel m-f gray 74.5 77
Claystone gray 77 85

Date Started 6/29/2018 Completed 12/4/2018

(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 12/14/2018
Signed JAMES MACK SR (E-filed)
Contact Info (optional) BANDON WELL & PUMP COMPANY (541) 347-7867

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

**COOS 57374**

**12/14/2018**

Map of Hole

<b>STATE OF OREGON WELL LOCATION MAP</b>	<b>Oregon Water Resources Department</b> 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
<b>LOCATION OF WELL</b>	<b>Well Label: 129835</b>	
Latitude: 43.22084115 Datum: WGS84	<b>Printed: December 14, 2018</b>	
Longitude: -124.39157665	DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.	
Township/Range/Section/Quarter-Quarter Section: WM 27S 14W 20 NWNW	Provided by well constructor	
Address of Well: NO# WHISKEY RUN RD, BANDON		

