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

COOS 57486

5/16/2019

WELL I.D. LABEL# L 129838
START CARD # 1042519
ORIGINAL LOG # COOS 57360

(1) LAND OWNER

Owner Well I.D. 1793 (SR4A)
First Name MICHAEL Last Name KEISER
Company BALLY BANDON LLC
Address 875 NORTH MICHIGAN AVE #3920
City CHICAGO State IL Zip 60611

(2) TYPE OF WORK

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

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:	8	☒	1	92.25	SDR 21	○	●	☒	☐

	Material	From	To	Amt	sacks/lbs
Seal:	Bentonite	0	38	41	Sacks

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☒ Other PUMP HOIST

(4) PROPOSED USE

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

(5) BORE HOLE CONSTRUCTION

Special Standard ☒ (Attach copy)
Depth of Completed Well 92.25 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
48	0	4					
8	4	92.25			Calculated		
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other PREVIOUSLY INSTALL
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	Thrd
●	○	8	☐	2	69.25	SDR 21	○	●	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) ____
Temp casing ☐ Yes Dia ____ From + ☐ ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method ____
Screens Type ____ Material ____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ 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 ____ °F Lab analysis ☐ Yes By ____
Water quality concerns? ☐ Yes (describe below) TDS amount 162 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 SW 1/4 of the NW 1/4 Tax Lot 100
Tax Map Number ____ Lot ____
Lat ° ' " or 43.21784402 DMS or DD
Long ° ' " or -124.39205173 DMS or DD
● Street address of well ○ Nearest address
NO# VAC WHISKEY RUN ROAD, BANDON

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	5/3/2019		☐	59.3

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 59.30

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Ground Elevation 150.00

Material	From	To
Original well L-129838 drilled11/20/2018	0	92.25
requested a special standard for a below	0	92.25
ground completion because well was in	0	92.25
the middle of a fairway on a new golf	0	92.25
coarse. Well was completed per WRD	0	92.25
pit design (attached) w/2" drain & check	0	92.25
valve to coarse drainage & a water tight	0	92.25
lid. Approved 3/25/2019	0	92.25

Date Started 4/23/2019 Completed 5/3/2019

(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 5/16/2019

Signed JAMES MACK SR (E-filed)

Contact Info (optional) Bandon Well & Pump Co (541) 347-7867

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

COOS 57486

5/16/2019

Map of Hole

STATE OF OREGON
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900

LOCATION OF WELL

Latitude: 43.21784402 Datum: WGS84
Longitude: -124.39205173
Township/Range/Section/Quarter-Quarter Section:
WM 27S 14W 20 SWNW
Address of Well:
NO# VAC WHISKEY RUN ROAD, BANDON

Well Label: 129838

Printed: May 16, 2019

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.

Provided by well constructor