

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

COOS 57639

11/8/2019

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

Table with well identification details: 128797, 1045528, COOS, 57006

(1) LAND OWNER
Owner Well I.D. 1843
First Name AMBER Last Name BENNETT
Company MT. TERRACE RV PARK
Address 3409 FERN WAY
City ARCATA State CA Zip 95521

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

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
6 [x] 1.5 64 .250 [x] [] [] []
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 40 19 Sacks

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 226.00 ft.
BORE HOLE
Dia From To Material SEAL sacks/lbs
6 0 226 Calculated

How was seal placed: Method [] A [] B [] C [] D [] E []
[X] 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
6 [x] 1.5 64 .250 [x] [] [] []
4.5 [] 7.33 226 Sdr 26 [] [] [] [x]
Shoe [] Inside [x] Outside [] Other Location of shoe(s) 64
Temp casing [] Yes Dia From + [] To

(7) PERFORATIONS/SCREENS
Perforations Method Circular Saw
Screens Type ___ Material ___
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 4.5 80 225 .125 8 210 4.5

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [x] Bailer [] Air [] Flowing Artesian []
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
5 20 225 1
9 200 200 1
Temperature 54 °F Lab analysis [x] Yes By BW&P
Water quality concerns? [] Yes (describe below) TDS amount 201 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County coos Twp 27.00 S N/S Range 13.00 W E/W WM
Sec 10 NE 1/4 of the SE 1/4 Tax Lot 2300
Tax Map Number ___ Lot ___
Lat ___ or 43.24436238 DMS or DD
Long ___ or -124.22340307 DMS or DD
Street address of well [x] Nearest address []
59779 RODERICK RD COOS BAY, OR 97423

(10) STATIC WATER LEVEL
Table with columns: Date, SWL(psi), SWL(ft)
Existing Well / Pre-Alteration 11/5/2019 80
Completed Well 11/7/2019 80

WATER BEARING ZONES
Depth water was first found 80.00
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)
11/5/2019 81 84 3.5 80
11/7/2019 96 107 5 80

(11) WELL LOG
Ground Elevation 158.00
Table with columns: Material, From, To
Previously Drilled (Coos 57006) 0 91
Claystone gray 91 93
Sandstone gray w/quartz 93 107
Siltstone gray 107 114
Claystone gray 114 138
Claystone gray w/shell 138 142
Claystone gray w/tan lenses 142 145
Sandstone gray 145 167
Siltstone gray 167 171
Siltstone w/sandstone lenses gray 171 176
Siltstone w/claystone lenses gray 176 183
Sandstone w/siltstone lenses gray 183 197
Siltstone w/sandstone & claystone gray 197 220
Claystone gray 220 226

Date Started 11/5/2019 Completed 11/7/2019

(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 1759 Date 11/8/2019
Signed CHRISTOPHER KERSEY (E-filed)

(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 11/8/2019
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

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Map of Hole

