

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58229

WELL I.D. LABEL# L

119744

START CARD #

1060434

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

4/7/2023

(1) LAND OWNER

Owner Well I.D. 2068 / 10-J-1595

First Name MICHAEL Last Name KEISERCompany BANDON DUNES / NEW RIVERAddress 57744 ROUND LAKE DRIVE, BANDONCity 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	Thrd

Seal:

Material	From	To	Amt	sacks/lbs

(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 CONSTRUCTION**Special 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	0	50	60	S
					Calculated	23.5	
					Calculated		

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 8/12Explosives 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	4	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1.5	118	Sch 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	124	130	Sch 40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☒ Yes Dia 10 From + 3 To 20**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type Johnson V-Wire Material Stainless Steel

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	6	118	124	.04			6

(8) WELL TESTS: Minimum testing time is 1 hour☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
8	110	120	1
5	110	120	2

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 229 ppm

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 NW 1/4 of the NW 1/4 Tax Lot 900

Tax Map Number _____ Lot _____

Lat _____ " or 43.03666667 DMS or DD

Long _____ " or -124.43333333 DMS or DD

☒ Street address of well ☐ Nearest address

NO # END OF HOFFER LN. BANDON

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	4/3/2023			8.7

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 2.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/27/2023	2	18	3			2
3/28/2023	29	42	5			2
3/28/2023	118	124	5			8.66

(11) WELL LOGGround Elevation 70.00

Material	From	To
Sand f brown	0	18
Peat	18	22
Cemented sand gray brown	22	23
Sandy clay gray	23	27
Sandy clay tan	27	29
Sand f-m w/gravel f gray brown	29	31
Gravel f-m w/sand c-f gray	31	33
Sand c-f w/gravel f-m gray	33	42
Sandy clay blue gray	42	56
Sandy clay blue gray w/burnt wood	56	63
Sandy clay w/gravel f-m blue gray	63	66
Gravel c-f w/sand c-f & sandy clay blue	66	70
Sandy clay w/gravel f-m 10% blue gray	70	80
Sandy clay blue gray	80	105
Sandy clay blue gray w/shell	105	110
Sandy clay w/gravel f-m blue gray	110	118
gravel m-c w/clay 10% blue gray	118	124
Sandstone green	124	130

Date Started 3/24/2023Completed 4/3/2023**(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 4/7/2023Signed JAMES MACK SR (E-filed)Contact Info (optional) Bandon Well & Pump Co (541) 347-7867 J

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

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

COOS 58229

4/7/2023

Map of Hole

