

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

COOS **COOS 652**
652

T285/R14W/S18aa
 (START CARD) # 49061

(1) OWNER: Well Number 176
 Name BULLARDS BEACH STATE PARK
 Address P.O. BOX 25
 City BANDON State OR Zip 97411

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 70'4"
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
12"	0	30'	Cement	0
8"	30	74		2690#

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	+1	49'4"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	64'4"	70'4"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Telescope
 Screens Type Johnson Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
48'6"	64'4"	.010		8"	Tele	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
90 GPM	23'4"	60'	1 hr.
90 GPM	23'6"	60'	2 hr.

Temperature of Water 52° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom BWTP
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County COOS Latitude _____ Longitude _____
 Township 285 N or S Range 14W E or W W.M.
 Section 18 NE ¼ NE ¼
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Highway 101 North of Bandon

(10) STATIC WATER LEVEL:
16'5" ft. below land surface. Date 10/8/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 25'

From	To	Estimated Flow Rate	SWL
25'	74	200 GPM	16'5"

(12) WELL LOG: Ground elevation +/- 100'

Material	From	To	SWL
Sand Fine Brown	0	16	
Sand w/clay Fine DK. Brown	16	25	
Sand Fine LT Gray	25	55	16'5"
Sand Fine Gray w/wood	55	58	
Sand Fine DK Gray	58	64	
Sand Fine Gray w/clay and wood	64	74	

OCT 26 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 10/7/92 Completed 10/22/92

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1493
 Signed Jim Mack Date 10/23/92

For Official Use Only by The Oregon Water Resources Department:

Received Date:

6-9-05

Well Log Number:

Coos652

Well Identification Tag #:

L-78787

APPLICATION FOR A WELL IDENTIFICATION TAG

Please print clearly. If shared well see instructions. This is Well # 3 of 3 wells on the property.

LANDOWNER INFORMATION:

Current landowner's name and mailing address:

Oregon Parks & Recreation Department
725 Summer Street NE, Suite C
Salem Oregon 97301-1266

Mail tag and paperwork to: (Real Estate Co. or other party, if not the current landowner):

Henry Mackenroth
Oregon Parks & Recreation Department
725 Summer Street NE, Suite C
Salem, Oregon 97301-1266

RECEIVED

JUN 09 2005

**WATER RESOURCES DEPT
SALEM OREGON**

Application submitted by (& phone number or e-mail):

Henry Mackenroth, 503-986-0764, henry.mackenroth@state.or.us

Owner at time the well was drilled (if known): _____

WELL LOCATION INFORMATION:

Township #: 28S Range #: 14W Section #: 18 Tax Lot #: 100 County: Coos

Street Address & City of Well:

Bullards Beach State Park, 52470 Highway 101, Bandon, Oregon

If the property had a different street address in the past, please indicate it, if known:

WELL INFORMATION: (You do not need to complete this section if the well report is attached)

Type of Well (i.e.; domestic, irrigation, commercial, industrial, monitoring, etc.): _____

Date Well Constructed: _____ Well Depth: _____ Casing Diameter: _____

Other Information: _____

Applications can be mailed to: Oregon Water Resources Department – 725 Summer Street N.E., Suite A - Salem, OR 97301-1271 OR fax to 503-986-0902. Applications are processed and tags mailed every Monday morning. **Thank you for participating in Oregon's Well Identification Program!**