

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 53151
START CARD # 140079

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name Dave Peak
Address 89551 2 mile Ln
City Bandon State OR Zip 97411

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 43 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>10</u>	<u>0</u>	<u>43</u>	<u>Bent</u>	<u>20</u>	<u>0</u>	<u>12 1/4</u>

How was seal placed: Method A B C D E
 Other powered
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 43 ft. to 20 ft. Size of gravel 10-20

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<u>5</u>	<u>42</u>	<u>33</u>	<u>50216</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type COOL Material S.S

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>33</u>	<u>43</u>	<u>.012</u>		<u>5</u>	<u>5</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>15</u>	<u>Total</u>		<u>1 hr.</u>

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
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 Curry Latitude _____ Longitude _____
Township 31 N of S Range 15 E of W WM.
Section 33 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) next to 45630 101 South

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 9-10-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
<u>18</u>	<u>43</u>	<u>15 gpm</u>	<u>15</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Top soil</u>	<u>0</u>	<u>1</u>	
<u>Brown sandy clay</u>	<u>1</u>	<u>18</u>	
<u>Blue sand</u>	<u>18</u>	<u>43</u>	<u>15</u>
<u>Blue marine rock</u>	<u>43</u>		

RECEIVED
DEL 28 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-06-01 Completed 9-10-01

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WVC Number 1391
Signed Ron Hunt Date 10-01-01