

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

WELL I.D. # L 61191

START CARD # 160796

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

(1) LAND OWNER Well Number _____
Name **BURGANDY HARVEST**
Address **P.O. BOX 613**
City **GOLD BEACH** State **OREGON** Zip **97444**

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well **108** ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	0	4 1/2	BENTONITE	0	4	4 SACKS
6	68	108				

How was seal placed: Method A B C D E
 Other **POURED FROM SURFACE**
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing:	Diameter	From	To	Gauge	Steel				Plastic				Welded				Threaded			
					✓	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
6	+1 1/2	4		.250	✓	□	□	□	□	□	□	□	□	□	□	□	□	□	□	
Liner:	4 1/2	40	108		□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	

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

(7) PERFORATIONS/SCREENS
 Perforations Method **SAWED**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
40	108	1/8X6	40	4 1/2		□	□

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

Yield gal/min	Drawdown	Drill stem at	Time
10	50'		4 HOURS

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

(9) LOCATION OF WELL (legal description)
County **CURRY**
Tax Lot **1106** Lot _____
Township **32** S Range **15** W WM
Section **9** SW 1/4 SW 1/4

Lat _____ ° ' " or _____ (degrees or decimal)
Long _____ ° ' " or _____ (degrees or decimal)

Street Address of Well (or nearest address) **93062 DEWEY ROAD, OFF CAPE BLANCO ROAD, PORT ORFORD OREGON**

(10) STATIC WATER LEVEL
30' ft. below land surface. Date **03/04/02**
33' ft. below land surface. Date **7/24/70**
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
74	106	8	30

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Fine Gravel w/ clay lenses brown	68	74	30'
Cemented brown sand & coarse gravel	74	106	}
gray clay	106	108	

REPLACE TOP 4 1/2 FEET OF STEEL CASING AND RESEAL WITH BENTONITE.
SEE WELL LOG ROGGE LBR SALES, 07/28/1970-32/15/9

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WATER RESOURCES DEPT
SALEM, OREGON

Date Started **03-02-02** Completed **03-04-02**

(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.

WWC 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.

WWC Number **1736** Date **4-14-05**

Signed *[Signature]* WRIGHT'S ARTESIAN COOS BAY, OR 541-289-5343

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JUN 02 2005
WATER RESOURCES DEPT
SALEM, OREGON