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

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| WELL LABEL # L | 28651 |
|----------------|---------|
| START CARD# | 1009144 |

| (1) LAND OWNER Owner Well I.D. 1340 | (9) LOCATION OF WELL (legal description) |
|---|---|
| First Name Frank Last Name Eckley | County Curry Twp 33.00 S N/S Range 15.00 W E/W WM |
| Company Humbug Mountain State Park/Dept. of Parks & Rec | Sec <u>25 NE</u> 1/4 of the <u>SE</u> 1/4 Tax Lot 2400 |
| Address Po Box 1345 | Tax Map Number Lot |
| City Port Orford State OR Zip 97411 | Lat ' '' or00000000 DMS or DD |
| (2) TYPE OF WORK New Well Deepening Conversion | Long or DMS or DD |
| Alteration (repair/recondition) Abandonment | Street address of well Nearest address |
| (3) DRILL METHOD | Humbug Mountain State Park |
| Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other | (10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) |
| (4) PROPOSED USE Domestic Irrigation Community | Existing Well / Predeepening 12-22-2009 16 |
| Industrial/ Commercial Livestock Dewatering | Completed Well 12-22-2009 16 |
| Thermal Injection Other | Flowing Artesian? Dry Hole? |
| (5) BORE HOLE CONSTRUCTION Special Standard Attach copy) | WATER BEARING ZONES Depth water was first found 16 |
| Depth of Completed Well 50.08 ft. | SWL Date From To Est Flow SWL(psi) + SWL(ft) |
| BORE HOLE SEAL sacks/ | 12-22-2007 10 30.00 20 |
| Dia From To Material From To Amt lbs | |
| 6 0 50.8 | |
| | |
| | (11) WELL LOG Ground Elevation 100 |
| How was seal placed: Method A B C D E | Material From To |
| Other | Well originally drilled 11/1/99 and produced 0 50 |
| Backfill placed from ft. to ft. Material | +/- 40 gpm. Production down to +/- 5 gpm. Scraped 0 50 casing and removed heavy encrustation from casing 0 50 |
| Filter pack from ft. to ft. Material Size | casing and removed heavy encrustation from casing 0 50 walls & removed 1' of fill from bottom of well. 0 50 |
| Explosives used: Yes Type Amount | Jetted perforations in casing from 38' to 48' with air 0 50 |
| (6) CASING/LINER | & water. Surged well to remove fines from formation 0 50 |
| Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd | Developed with air until water clear. 0 50 |
| | |
| | |
| | |
| | |
| Shoe Inside Outside Other Location of shoe(s) | |
| Temp casing Yes Dia From To | |
| (7) PERFORATIONS/SCREENS | |
| Perforations Method | |
| Screens Type Material | |
| Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ | Date Started 12-22-2009 Completed 12-22-2009 |
| creen Liner Dia From To width length slots pipe size | |
| | (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. |
| (8) WELL TESTS: Minimum testing time is 1 hour | License Number Date |
| | Electronically Filed |
| Pump Bailer ● Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) | Signed |
| 20 50 1 | (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 |
| Temperature _53 °F Lab analysis Yes By | 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. |
| Water quality concerns? Yes (describe below) From To Description Amount Units | |
| Description Amount Ontes | License Number 1493 Date 12-24-2009 Electronically Filed |
| | Signed JAMES A MACK SR (E-filed) |
| | Contact Info (optional) Bandon Well & Pump Company (541) 347-7867 |
| ORIGINAL - WATER RESOURCES D | DEPARTMENT |
| THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTM | MENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95 |