

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58276

WELL I.D. LABEL# L

140999

START CARD #

1061159

ORIGINAL LOG #

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

7/7/2023

(1) LAND OWNER

Owner Well I.D. _____

First Name MARLINLast Name WOODMAN

Company _____

Address 93338 LOSCOMBE LOOP RDCity COOS BAYState ORZip 97420**(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
					☐	☐	☐	☐
Material		From	To	Amt	sacks/lbs			

Seal:

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(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 168.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	30	Bentonite Chips	0	30	18	S
6	30	168				Calculated	13.69
						Calculated	

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 6/12/2023 Begin Time 09 23**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	6	☒	1.5	38.5	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 38.5

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type slotted Material pvc

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size			
		4	8	168	.032						

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2		168	3

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 31 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County COOS Twp 27.00 S N/S Range 13.00 W E/W WMSec 2 SW 1/4 of the SE 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or 43.25316525 DMS or DD

Long _____ " or -124.20631175 DMS or DD

☒ Street address of well ☐ Nearest address93338 LOSCOMBE LOOP RD, COOS BAY, OR 97420**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/13/2023			8
Flowing Artesian?	☐	Dry Hole?	☐	

WATER BEARING ZONES

Depth water was first found 40.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/13/2023	40	60	2			8

(11) WELL LOGGround Elevation 50.00

Material	From	To
brown clay	0	11
gray clay	11	13
gray claystone	13	17
black claystone	17	24
gray claystone	24	30
brown claystone	30	100
gray claystone	100	133
brown claystone	133	168

Construction

Begin Date 6/10/2023 Begin Time 09 15 End Date 6/13/2023**(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 1905 Date 7/7/2023Signed JACOB WRIGHT (E-filed)Contact Info (optional) Jacob Wright at Wrights well drilling 541-269-1048

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 58276

7/7/2023

Map of Hole

