

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58865

WELL I.D. LABEL# L

150986

START CARD #

1081634

ORIGINAL LOG #

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

6/16/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name DOUG

Last Name BACKMAN

Company CEDAR RIDGE SUBDIVISION

Address 43 EAST 5TH

City COQUILLE

State OR

Zip 97423

(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:

--	--	--	--	--

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Reverse Rotary ☐ Other _____
(4) PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____
(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)

Depth of Completed Well 208.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	20	Bentonite Chips	0	20	11	S	
6	20	208			Calculated	10		
					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 4/6/2026 Begin Time 16:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒	1.2	38.8	0.250	ST	☒		IN.	38.8
L	4		8	68	Sch40	PL	☒			

Temp casing ☐ Yes Dia _____ From + _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type slotted Material pvc

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	4	68	208	.032	2.5		Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	6		205	1

Temperature 51 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 168 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County COOS Twp 26.00 S N/S Range 13.00 W E/W WM

Sec 2 NE 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.34166667 DMS or DD

Long _____ ° _____ ' _____ " or -124.21166667 DMS or DD

☐ Street address of well ☒ Nearest address

RED DIKE TO ASHLEY LN TO CEDAR CREST TO THE TOP OF THE HILL THROUGH THE LOCKED GATE

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	5/10/2026			125
Flowing Artesian?		☐	Dry Hole?	
		☐		

WATER BEARING ZONES

Depth water was first found 125.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/6/2026	125	135	6			125

(11) WELL LOG

Ground Elevation 422.81 FT

Material	From	To
BROWN TOP SOIL	0	2
BROWN SANDSTONE SOFT	2	8
BROWN SANDSTONE MEDIUM	8	32
GRAY SANDSTONE	32	45
GRAY/BROWN MIX SANDSTONE	45	55
BLACK CLAYSTONE	55	58
BROWN/GREEN SANDSTONE MIX	58	66
GRAY SANDSTONE	66	175
GRAY CLAYSTONE	175	188
gray siltstone	188	208

Construction

Begin Date 4/3/2026 Begin Time 15:33 End Date 5/10/2026

(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 6/16/2026

Signed JACOB WRIGHT (E-filed)

Drilling Company: Wright's well drilling

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 58865

6/16/2026

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 43.34166667 Datum: WGS84

Longitude: -124.21166667

Township/Range/Section/Quarter-Quarter Section:

WM26.00S13.00W2NESW

Address of Well:

RED DIKE TO ASHLEY LN TO CEDAR CREST TO THE TOP OF THE HILL THROUGH THE LOCKED GATE

Well Label: 150986

Printed: June 16, 2026

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

