

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58866

WELL I.D. LABEL# L

150980

START CARD #

1080371

ORIGINAL LOG #

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

6/19/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name RICHARDLast Name GLEASON

Company _____

Address 95131 HAYNES WAY LNCity NORTH BENDState ORZip 97459**(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 CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 308.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	40	Bentonite Chips	0	40	25	S
6	40	308			Calculated	27	
					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 11/4/2025 Begin Time 07 30**(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	☒ 1.5 49 0.250	ST	☒		IN. 49

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
		4	28	308	.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	1		300	1

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 196 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County COOS Twp 24.00 S N/S Range 12.00 W E/W WMSec 18 NW 1/4 of the SE 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.48448002 DMS or DD

Long _____ ° _____ ' _____ " or -124.16665401 DMS or DD

☒ Street address of well ☐ Nearest address95131 HAYNES WAY LN, NORTH BEND, OR 97459**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	11/20/2025			80
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 88.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
11/20/2025	88	108	1			80

(11) WELL LOGGround Elevation 111.73 FT

Material	From	To
BROWN CLAY	0	16
BROWN SANDSTONE SOFT	16	42
GRAY SILTSTONE	42	88
DRAK GRAY SILTSTONE	88	168
GRAY SILTSTONE	168	208
BLACK SILTSTONE	208	216
GRAY SILTSTONE WITH SHELLS	216	240
GRAY SILTSTONE	240	308

Construction

Begin Date 11/3/2025 Begin Time 11 10 End Date 11/20/2025**(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 6/19/2026Signed 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 58866

6/19/2026

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: 43.48448391 Datum: WGS84

Longitude: -124.16684713

Township/Range/Section/Quarter-Quarter Section:
WM24.00S12.00W18NWSE

Address of Well:

95131 HAYNES WAY LN, NORTH BEND, OR 97459

Well Label: 150980

Printed: June 19, 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

