

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58889

WELL I.D. LABEL# L

160777

START CARD #

1082924

ORIGINAL LOG #

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

7/28/2026

(1) LAND OWNER

Owner Well I.D. 2290

First Name JAMES

Last Name BROWN

Company

Address 60356 FOX GLOVE RD.

City COOS BAY State OR Zip 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: _____

(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 80.50 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	38	Bentonite Chips	0	38	19	S
6	38	124			Calculated	17.86	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POUR FROM SURFACE

Backfill placed from 80.5 ft. to 124 ft. Material HOLE COLLAPSED

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 7/24/2026 Begin Time 12:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+ From To Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	6	☒ 1 79.5 0.250	ST	☒		OUT.	79.75

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

Perforations Method Air Perforator

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	50	73	.25	2	150	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	1		79	1

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 42 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 WM

Sec 1 NE 1/4 of the NW 1/4 Tax Lot 800

Tax Map Number _____ Lot _____

Lat _____ " or 43.26364133 DMS or DD

Long _____ " or -124.19411934 DMS or DD

☒ Street address of well ☐ Nearest address

60356 FOX GLOVE RD. GREEN ACRES

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/27/2026			17
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 53.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/23/2026	53	64	1			17

(11) WELL LOG

Ground Elevation 135.14 FT

Material	From	To
Topsoil	0	1
Clay brown	1	3
Clay brown orange	3	16
Clay brown	16	30
Claystone tan	30	43
Claystone tan. brown & orange	43	53
Siltstone tan	53	64
Siltstone tan brown iron stained	64	73
Siltstone tan	73	76
Siltstone tan orange	76	77
Claystone gray & brown	77	81
Siltstone lt gray	81	85
Siltstone tan	85	86
Siltstone lt gray ms	86	90
Claystone gray brown ms	90	124

Construction

Begin Date 7/22/2026 Begin Time 11:30 End Date 7/27/2026

(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 2068 Date 7/28/2026

Signed JAMES MACK JR (E-filed)

(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 1493 Date 7/28/2026

Signed JAMES MACK SR (E-filed)

Drilling Company: Bandon Well & Pump Co. (541) 347-7867 J

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

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7/28/2026

Map of Hole

