

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58890

WELL I.D. LABEL# L

160560

START CARD #

1082836

ORIGINAL LOG #

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

8/3/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name ANTHONYLast Name FAVREAU

Company _____

Address 3750 NORWICH AVECity EUGENEState ORZip 97408**(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 155.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10.5	0	78.5	Bentonite Chips	0	78.5	43	S
6	78.5	155			Calculated	42.19	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POUR, TAMP, HYDRATE

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/20/2026 Begin Time 11 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	78.5	0.250	ST	☒			
L	4		35	155	SDR26	PL	☒			

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

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrm/slot		Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	Pipe size
Perf	Liner	4	37	153	.125	5	150

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	14		154	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 113 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 WMSec 25 SE 1/4 of the NW 1/4 Tax Lot 1420

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.28810866 DMS or DD

Long _____ ° _____ ' _____ " or -124.19146365 DMS or DD

☐ Street address of well ☒ Nearest address

PARCEL 18, TAX LOT 1420, PIERSON RD, COOS BAY, OR, 97420, USA

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/27/2026			27.5
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 102.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/25/2026	102	104	2			27.5
7/26/2026	144	146	12			27.5

(11) WELL LOGGround Elevation 153.71 FT

Material	From	To
TOPSOIL	0	1
CLAY RED SANDY	1	5
CLAY YELLOW BROWN SANDY	5	39
CLAY YELLOW BROWN W/BROKEN SANDSTONE BROWN	39	72
SANDSTONE GREY	72	102
SANDSTONE GREY/BROWN WEATH. FRACT. WB	102	104
SANDSTONE GREY	104	144
SANDSTONE GREY/BROWN WEATH. FRACT. WB	144	146
SANDSTONE GREY	146	155

Construction

Begin Date 7/20/2026 Begin Time 07 08 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 _____ 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 1965 Date 7/29/2026Signed NEIL LEE (E-filed)Drilling Company: Leedrilling2014@gmail.com Neil W. Lee 541-790-1602

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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8/3/2026

Map of Hole

