

STATE OF OREGON
WATER SUPPLY WELL REPORT

COOS 58891

WELL I.D. LABEL# L

160561

START CARD #

1083053

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
					☐	☐	☐	☐

Seal:

Material	From	To	Amt	sacks/lbs

(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 155.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10.5	0	78	Bentonite Chips	0	78	43	S	
7.25	78	99			Calculated	41.92		
5.5	99	155			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 7/28/2026 Begin Time 10 45**(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	99	0.250	ST	☒		IN.	99
L	4		35	155	SDR26	PL	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method HOLTE MECHANICAL PERFORATER

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	88	97	.125	1.25	135	
Perf	Liner	4	57	153	.125	5	75	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	22		154	1

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 117 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 1421Tax Map Number _____ Lot 19

Lat _____ " or 43.28817789 DMS or DD

Long _____ " or -124.19099060 DMS or DD

☐ Street address of well ☒ Nearest address

PIERSON ROAD, COOS BAY, OR 97420 PARCEL 19 / TAX LOT 1421

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/30/2026			29
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 89.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/29/2026	89	97	7			29
7/30/2026	146	149	15			29

(11) WELL LOGGround Elevation 165.14 FT

Material	From	To
TOPSOIL	0	1
CLAY RED YELLOW SANDY	1	4
CLAY YELLOW BROWN SANDY	4	21
CLAY YELLOW BROWN	21	43
CLAY YELLOW BROWN W/BROKEN SANDSTONE BROWN	43	72
SANDSTONE GREY	72	89
SANDSTONE BROKEN / WEATHERED WB	89	97
SANDSTONE GREY	97	146
SANDSTONE FRACTURED / WEATHERED WB	146	149
SANDSTONE GREY	149	155

Construction

Begin Date 7/28/2026 Begin Time 06 26 End Date 7/30/2026**(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 8/2/2026Signed 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

COOS 58891

8/3/2026

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: 43.28817789 Datum: WGS84

Longitude: -124.19099060

Township/Range/Section/Quarter-Quarter Section:
WM26.00S13.00W25SENW

Address of Well:

PIERSON ROAD, COOS BAY, OR 97420 PARCEL 19 / TAX LOT 1421

Well Label: 160561

Printed: August 2, 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

