

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

COOS 58905

WELL I.D. LABEL# L

160782

START CARD #

1083439

ORIGINAL LOG #

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

9/10/2026

(1) LAND OWNER

Owner Well I.D. 2302

First Name JO Last Name REDIFER

Company _____

Address 87396 HARVEY LN.City BANDON State OR Zip 97411**(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 62.50 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	63	Bentonite Chips	0	45	23	S
					Calculated	21.38	
					Calculated		

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

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

Filter pack from 45 ft. to 63 ft. Material SAND Size 12/20Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 9/9/2026 Begin Time 17 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	☒	1.5	4	0.250	ST	☒			
C	5	☒	1	57.5	SDR26	PL	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 2 To 18**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type Johnson V-Wire Material Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Casing	5	57.5	62.5	.014			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	20		62	1

Temperature 55 °F Lab analysis ☒ Yes By BW&PWater quality concerns? ☐ Yes (describe below) TDS amount 43 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County COOS Twp 29.00 S N/S Range 15.00 W E/W WMSec 25 NW 1/4 of the SE 1/4 Tax Lot 600

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.02933900 DMS or DD

Long _____ ° _____ ' _____ " or -124.42176900 DMS or DD

☒ Street address of well ☐ Nearest address87396 HARVEY LN.**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/9/2026			21.5
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 21.50

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/9/2026	21.5	62	20			21.5

(11) WELL LOGGround Elevation 94.79 FT

Material	From	To
Topsoil	0	1
Clay brown	1	4
Sand f-m brown	4	7
Sandy clay brown	7	12
Sand f-c brown	12	20
Wood w/sand f-c brown	20	21
Sand f-c brown	21	23
Sandy clay white w/sand f-m	23	26
Sandy clay w/sand f-c brown	26	27
Sand f-c brown	27	45
Gravel f-m w/sand clay brown	45	47
Gravel f-m w/sand f-c brown	47	49
Sand f-c w/gravel f-m brown	49	56
Gravel f-m w/sand f-c brown	56	62
Sandy clay orange brown	62	63

Construction

Begin Date 9/9/2026 Begin Time 10 45 End Date 9/9/2026**(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 9/10/2026Signed 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 9/10/2026Signed JAMES MACK SR (E-filed)Drilling Company: Bandon Well & Pump Co. (541) 347-7867 JR

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 58905

9/10/2026

Map of Hole

