

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

CURR 53463

WELL I.D. LABEL# L

160778

START CARD #

1083113

ORIGINAL LOG #

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

8/6/2026

(1) LAND OWNER

Owner Well I.D. 2292

First Name STEVE & NELLA Last Name ABBOTT

Company _____

Address PO BOX 732City PORT ORFORD State OR Zip 97465**(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 51.50 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
10	0	52	Bentonite Chips	0	33	20	S	
					Calculated	15.67		
					Calculated			

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

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

Filter pack from 33 ft. to 52 ft. Material SAND Size 12/20Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/4/2026 Begin Time 13 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	46.5	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	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Casing	5	46.5	51.5	.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)
Pump	10.3	13	50	1

Temperature 55 °F Lab analysis ☒ Yes By BW&PWater quality concerns? ☐ Yes (describe below) TDS amount 60 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CURRY Twp 32.00 S N/S Range 15.00 W E/W WMSec 32 SE 1/4 of the SE 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 42.75517545 DMS or DD

Long _____ ° _____ ' _____ " or -124.49352286 DMS or DD

☒ Street address of well ☐ Nearest address2110 JACKSON ST. PORT ORFORD**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/4/2026			31.16
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONESDepth water was first found 31.16

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/3/2026	31.16	52	11			31.16

(11) WELL LOGGround Elevation 57.73 FT

Material	From	To
Topsoil	0	1
Clay brown	1	3
Clay tan	3	4
Sandy clay tan	4	5
Sand f-m w/gravel f & sandy clay tan	5	8
Sandy clay w/sand & gravel f tan orange	8	14
Sandy clay tan	14	16
Sand f-m brown	16	19
Cemented sand brown orange	19	20
Sand f-c brown	20	24
Sand f-c w/gravel f brown	24	27
Sandy clay tan	27	28
Sand f-c w/gravel f brown	28	33
Sand f-c w/gravel f gray	33	51
Clay w/sand brown	51	52

Construction

Begin Date 8/3/2026 Begin Time 11 00 End Date 8/4/2026**(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 1759 Date 8/6/2026Signed CHRISTOPHER KERSEY (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 8/6/2026Signed 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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8/6/2026

Map of Hole

