

STATE OF OREGON
WATER SUPPLY WELL REPORT

CURR 53472

WELL I.D. LABEL# L

160779

START CARD #

1083224

ORIGINAL LOG #

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

8/20/2026

(1) LAND OWNER

Owner Well I.D. 2294

First Name JIM & JENNIFER Last Name BANKS

Company _____

Address 4711 7TH AVE. SWCity NAPLES State FL Zip 34119**(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 44.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	19	Bentonite Chips	0	15	8	S
6	19	44			Calculated	7.05	
					Calculated		

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

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

Filter pack from 15 ft. to 19 ft. Material GRAVEL Size 3/8- 6-9Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/19/2026 Begin Time 13 07**(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	☒	1.5	44	0.250	ST	☒		OUT.	44.75

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

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrm/slot		Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	Pipe size
Perf	Casing	6	16	19	.125	6	20

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	0.5		44	1

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 164 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CURRY Twp 36.00 S N/S Range 13.00 W E/W WMSec 15 NW 1/4 of the SW 1/4 Tax Lot 3601

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 42.46061664 DMS or DD

Long _____ ° _____ ' _____ " or -124.23865134 DMS or DD

☒ Street address of well ☐ Nearest address

99158 AGNESS RD. GOLD BEACH, APPROX 2.5 MILES ON FOREST
SERVICE RD. 3313

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/19/2026			10
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 16.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/18/2026	16	19	0.5			10

(11) WELL LOGGround Elevation 970.70 FT

Material	From	To
Topsoil	0	1
Clay dk gray	1	5
Clay w/gravel brown	5	6
Claystone w/sandstone brown & gray fractured	6	10
Clay tan w/schist brown & gray	10	11
Schist brown & green	11	14
Serpentine green & gray s	14	16
Claystone gray w/quartz fractured	16	19
Serpentine green & white ms	19	24
Serpentine green & brown ms	24	28
Serpentine green & brown s	28	33
Serpentine green & blue s	33	38
Claystone black fractured	38	40
Serpentine green & blue ms	40	44

Construction

Begin Date 8/14/2026 Begin Time 11 00 End Date 8/19/2026**(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 8/20/2026Signed 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 8/20/2026Signed 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

CURR 53472

8/20/2026

Map of Hole

