

STATE OF OREGON
WATER SUPPLY WELL REPORT

DOUG 60257

WELL I.D. LABEL# L

159095

START CARD #

1082666

ORIGINAL LOG #

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

7/27/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name BRYAN & KATHYLast Name NELSON

Company _____

Address PO BOX 136City GLIDEState ORZip 97443**(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 160.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	18.5	Bentonite	0	18.5	9	S
6	18.5	160			Calculated	8	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED DRY/HYDRATE

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/8/2026 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	☒	1.5	18.5	0.250	ST	☒		OUT.	18.5
L	4		5	160	Sch40	PL		☒		

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

Screens Type _____

Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	40	60	.1	5	34	
Perf	Liner	4	100	120	.1	5	34	
Perf	Liner	4	140	160	.1	5	34	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	3		160	1

Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 500 ppm

From	To	Description	Amount	Units
99	100	Total Dissolved Solids	153	ppm
139	140	Total Dissolved Solids	295	ppm
159	160	Total Dissolved Solids	500	ppm

(9) LOCATION OF WELL (legal description)County DOUGLAS Twp 27.00 S N/S Range 2.00 W E/W WMSec 12 NW 1/4 of the NE 1/4 Tax Lot 1900

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.24048000 DMS or DD

Long _____ ° _____ ' _____ " or -122.87948000 DMS or DD

☒ Street address of well ☐ Nearest address240 ANITA LN GLIDE, OR 97443**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/8/2026			29.5
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 41.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/8/2026	41	42	1.5			29.5
7/8/2026	145	153	1.5			29.5

(11) WELL LOGGround Elevation 1331.73 FT

Material	From	To
Brown Clay	0	5
Brown Clay Boulders	5	10
Hard Sandstone	10	21
Reddish volcanic claystone	21	28
Rhyolite	28	43
Volcanic ash (med)	43	82
Ash white with grey	82	105
Grey volcanics	105	145
Limestone (WB)	145	153
Grey claystone	153	160

Construction

Begin Date 7/8/2026 Begin Time 09 00 End Date 7/8/2026**(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 1878 Date 7/24/2026Signed KERRY SCHATTENKERK (E-filed)Drilling Company: Southern Oregon Water Wells (541) 672-7834

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.

[illegible]

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

DOUG 60257

7/27/2026

Map of Hole

