

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

DOUG 60273

WELL I.D. LABEL# L

159146

START CARD #

1082759

ORIGINAL LOG #

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

7/31/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name STEPHEN & KATE Last Name TOEWS

Company _____

Address 1195 ROBERTS MNT. RD.City ROSEBURG State OR Zip 97471**(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 CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 200.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	38	Bentonite Chips	0	38	19	S	
6	38	200			Calculated	18		
					Calculated			

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED & TAMPED

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/6/2026 Begin Time 11 55**(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	38.5	0.250	ST	☒		OUT.	38.5
L	4		2	200	Sch40	PL				

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

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	80	200	.25	8	140	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	0.8		200	1

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 226 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County DOUGLAS Twp 28.00 S N/S Range 6.00 W E/W WMSec 23 SW 1/4 of the NW 1/4 Tax Lot 900

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.12014113 DMS or DD

Long _____ ° _____ ' _____ " or -123.38173846 DMS or DD

☒ Street address of well ☐ Nearest address1195 ROBERTS MNT. RD., ROSEBURG, OR 97471**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/7/2026			46
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 60.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/7/2026	60	61	0.8			46

(11) WELL LOGGround Elevation 567.23 FT

Material	From	To
Clay Yellow	0	21
Claystone med	21	27
Claystone soft	27	28.5
Sandstone hard	28.5	60
Sandstone waterbearing	60	61
Sandstone med hard/dark	61	107
Sandstone hard/light grey	107	141
Sandstone med hard/ dark	141	147
Sandstone med/soft	147	200

Construction

Begin Date 7/6/2026 Begin Time 11 55 End Date 7/7/2026**(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 1686 Date 7/31/2026Signed TADD MOORE (E-filed)Drilling Company: Mohr Well Drilling inc.

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

DOUG 60273

7/31/2026

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: 43.12014113 Datum: WGS84

Longitude: -123.38173846

Township/Range/Section/Quarter-Quarter Section:
WM28.00S6.00W23SWNW

Address of Well:

1195 ROBERTS MNT. RD., ROSEBURG, OR 97471

Well Label: 159146

Printed: July 31, 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

