

STATE OF OREGON
WATER SUPPLY WELL REPORT

DOUG 60283

WELL I.D. LABEL# L

Page 1 of 2

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

8/25/2026

START CARD #
ORIGINAL LOG #

161301

1083009

(1) LAND OWNER

Owner Well I.D.

First Name _____ Last Name _____
Company JACKSON LIVING TRUST
Address 9014 SCOTTS VALLEY RD.
City YONCALLA State OR Zip 97499

(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 400.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	78	Bentonite Chips	0	78	38	S
6	78	400			Calculated	37	
					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 7/28/2026 Begin Time 14 15

(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	78.5	0.250	ST	☒		OUT. 78.5
L	4		2	400	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	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	140	400	.25	8	160	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	6		400	1.5

Temperature 57 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 310 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County DOUGLAS Twp 23.00 S N/S Range 4.00 W E/W WM

Sec 33 NW 1/4 of the NE 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.53106713 DMS or DD

Long _____ ° _____ ' _____ " or -123.17601503 DMS or DD

☒ Street address of well ☐ Nearest address

1387 ROMIE HOWARD RD. YONCALLA 97499

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/30/2026			97
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 143.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/30/2026	143	145	3.5			97
7/30/2026	330	331	2.5			97

(11) WELL LOG

Ground Elevation 951.35 FT

Material	From	To
Clay Yellow	0	34
Clay Grey	34	68
Clay/ Broken Limestone	68	73
Sandstone med	73	143
Sandstone waterbearing	143	145
Sandstone med/hard	145	330
Sandstone waterbearing	330	331
Sandstone med/soft/seams of claystone	331	400

Construction

Begin Date 7/28/2026 Begin Time 09 35 End Date 7/30/2026

(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 8/25/2026

Signed TADD MOORE (E-filed)

Drilling Company: _____

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 60283

8/25/2026

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: 43.53106713 Datum: WGS84

Longitude: -123.17601503

Township/Range/Section/Quarter-Quarter Section:
WM23.00S4.00W33NWNE

Address of Well:

1387 ROMIE HOWARD RD. YONCALLA 97499

Well Label: 161301

Printed: August 25, 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

