STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

JOSE 61979
1/9/2025

WELL I.D. LABEL# L 153492
START CARD # 1076368
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name BRAD Last Name NOGGLE
Company
Address 251 NE OAK DALE DR
City GRANTS PASS State OR Zip 97526

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion
☒ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:						◯	◯	☐	☐

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 71.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
6	0	71					
					Calculated		
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Other:
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Type Amount
Seal Placement Begin Date Begin Time

(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

Temp casing ☐ Yes Dia From + ☐ To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size

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

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

Temperature 0 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 0 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County JOSEPHINE Twp 36.00 S N/S Range 5.00 W E/W WM
Sec 5 NE 1/4 of the SW 1/4 Tax Lot 2000
Tax Map Number Lot
Lat ° ' " or 42.46612518 DMS or DD
Long ° ' " or -123.31847870 DMS or DD
◉ Street address of well ◯ Nearest address
251 NE OAK DALE DR, GRANTS PASS, OR 97526

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	1/2/2025		☐	40
Completed Well	1/2/2025		☐	40

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Ground Elevation 1211.63 FT

Material	From	To

Construction
Begin Date 1/2/2025 Begin Time 11 00 End Date 1/2/2025

(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 2081 Date 1/9/2025

Signed BRIAN DROESCH (E-filed)
Drilling Company: ROTARY DRILLING CO

WATER SUPPLY WELL REPORT - continuation page

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1/9/2025

WELL I.D. LABEL# L	153492
START CARD #	1076368
ORIGINAL LOG #	

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To

SEAL

Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#

Comments/Remarks

Extended casing from ground level to 18" above grade.
Existing casing appeared to be 6" .250 wall steel.

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

JOSE 61979

1/9/2025

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: 42.46612518 Datum: WGS84
Longitude: -123.31847870
Township/Range/Section/Quarter-Quarter Section:
WM36.00S5.00W5NESW
Address of Well:
251 NE OAK DALE DR, GRANTS PASS, OR 97526

Well Label: 153492

Printed: January 8, 2025

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