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

JOSE 62258
7/15/2026

WELL I.D. LABEL# L	161465
START CARD #	1082797
ORIGINAL LOG #	JOSEPHINE 7936

(1) LAND OWNER

Owner Well I.D.
First Name DOUG Last Name ROBERTSON
Company
Address 10414 GALICE RD
City GRANTS PASS State OR Zip 97527

(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:	6	☐	1.5	40	0.250	◉	○	☒	☐

	Material	From	To	Amt	sacks/lbs
Seal:	Cement	0	40	10	Sacks

(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 100.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
10	0	40	Cement	0	40	10	S
6	40	100			Calculated	10.74	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: NOT DISTURBED
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
C	6	☒	1.5	40	0.250	ST	☒	☐	OUT.	40
L	4	☐	2	98	Sch40	PL	☐	☒		

Temp casing ☐ Yes Dia From + ☐ To

(7) PERFORATIONS/SCREENS

Perforations Method LAZER/SAW
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	38	80	.032	1	6543	
Perf	Liner	4	80	98	.188	4	54	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	30		98	1

Temperature 56 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 123 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 29 SE 1/4 of the SE 1/4 Tax Lot 1300
Tax Map Number Lot
Lat ° ' " or 42.40543000 DMS or DD
Long ° ' " or -123.30946000 DMS or DD
◉ Street address of well ○ Nearest address
2565 CLOVERLAWN DR GRANTS PASS, OR 97527

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	7/8/2026		☐	25

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 50.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/8/2026	50	78	30		☐	25
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation 1073.10 FT

Material	From	To
PULL/DRILL OUT LINER	0	100
CLEAN/DEVELOP WELL	0	100
INSTALLED NEW LINER	0	100

Construction Begin Date 7/8/2026 Begin Time 09 30 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 2063 Date 7/14/2026

Signed RYAN GILL (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 1835 Date 7/15/2026

Signed KEVIN GILL (E-filed)

Drilling Company: CLOUSER DRILLING INC

WATER SUPPLY WELL REPORT - continuation page

JOSE 62258

7/15/2026

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START CARD # 1082797
ORIGINAL LOG # JOSEPHINE 7936

(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

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

JOSE 62258

7/15/2026

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: 42.40543000 Datum: WGS84
Longitude: -123.30946000
Township/Range/Section/Quarter-Quarter Section:
WM36.00S5.00W29SESE
Address of Well:
2565 CLOVERLAWN DR GRANTS PASS, OR 97527

Well Label: 161465

Printed: July 14, 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