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

JOSE 62270
8/10/2026

WELL I.D. LABEL# L
START CARD # 1078727
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name NATHANIEL Last Name GOVENOR
Company
Address 2465 MOON MOUNTAN RD
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
☐ 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 _____ ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
6	0	160	Bentonite Chips	0	160	2350	P
					Calculated	2300	
					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 7/23/2025 Begin Time 12 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount 2300.00 Pounds Actual Amount 2350.00 Pounds

(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 Holy air
Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	0	39	.188	2	90	

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

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

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

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 15 NW 1/4 of the SW 1/4 Tax Lot 1800
Tax Map Number _____ Lot
Lat ° ' " or 42.43707850 DMS or DD
Long ° ' " or -123.28552587 DMS or DD
◉ Street address of well ◯ Nearest address
2465 MOON MOUNTAN RD, GRANTS PASS, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	7/23/2025			25
Completed Well				

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 1054.16 FT

Material	From	To
Abandonment	0	160

Construction
Begin Date 7/23/2025 Begin Time 12 00 End Date 7/24/2025

(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 1661 Date 8/10/2026

Signed BRAD MILKOWSKI (E-filed)
Drilling Company: Gribble well drilling

WATER SUPPLY WELL REPORT - continuation page

JOSE 62270

8/10/2026

WELL I.D. LABEL# L	
START CARD #	1078727
ORIGINAL LOG #	

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(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

(10) STATIC WATER LEVEL

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

(6) CASING/LINER

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

(11) WELL LOG

Material	From	To

(7) PERFORATIONS/SCREENS

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

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

Assistant Name	Type	#

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

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

Comments/Remarks

Well was cleaned out to drilled bottom 160 feet. Casing was perferated from 0 to 39 feet. filled with bentonite to ground surface.