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

JOSE 62272
8/12/2026

WELL I.D. LABEL# L 162055
START CARD # 1083097
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name GARRETT Last Name POTTMEYER
Company
Address 208 TAHOE CIR
City GRANTS PASS State OR Zip 97527

(2) TYPE OF WORK

[X] 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

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 80.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
10	0	20	Bentonite Chips	0	20	17	S
6	20	80			Calculated	9.13	
					Calculated		

Seal placement method: [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other: DRY POURED
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Type Amount
Seal Placement Begin Date 8/6/2026 Begin Time 10 30

(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	X	1.5	58.5	0.250	ST	X		OUT.	58.5

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)
Air	28		58	1

Temperature 54 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 87 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 21 SE 1/4 of the SW 1/4 Tax Lot 3900
Tax Map Number Lot
Lat ° ' " or 42.42091000 DMS or DD
Long ° ' " or -123.29823000 DMS or DD
(•) Street address of well ( ) Nearest address
2110 FRUITDALE DR GRANTS PASS OR 97527

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/6/2026			24

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 58.50

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/6/2026	58.5	80	28			24

(11) WELL LOG

Ground Elevation 951.25 FT

Material	From	To
BROWN CLAY	0	17
BROWN CLAY & MED GRAVEL	17	24
MIXED GRAVEL & MED SAND	24	36
LARGE GRAVEL & BROWN CLAY	36	48
MIXED GRAVEL/MED SAND/GREY/BROWN CLAY	48	63
LARGE GRAVEL & MED SAND	63	75
MIXED GRAVEL	75	80

Construction
Begin Date 8/6/2026 Begin Time 09 00 End Date 8/6/2026

(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 8/7/2026
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 8/12/2026
Signed KEVIN GILL (E-filed)
Drilling Company: CLOUSER DRILLING INC

WATER SUPPLY WELL REPORT - continuation page

JOSE 62272

8/12/2026

WELL I.D. LABEL# L	162055
START CARD #	1083097
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	#
NICK PORTER	HELPER WATER	8888856

Comments/Remarks

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

JOSE 62272

8/12/2026

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: 42.42091000 Datum: WGS84
Longitude: -123.29823000
Township/Range/Section/Quarter-Quarter Section:
WM36.00S5.00W21SESW
Address of Well:
2110 FRUITDALE DR GRANTS PASS OR 97527

Well Label: 162055

Printed: August 7, 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