

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

LANE 80776

 WELL I.D. LABEL# L 162161
 START CARD # 1083185
 ORIGINAL LOG #

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

8/21/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name ROY Last Name DAVIDSON

Company _____

Address P.O.BOX 622City OAKRIDGE State OR Zip 97436**(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 387.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	59	Bentonite	0	59	32	S	
6	59	460			Calculated	43.71		
					Calculated			

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED AND TAMPEDBackfill placed from 387 ft. to 460 ft. Material NATIVE CAVED

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/10/2026 Begin Time 12 00**(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	2	☒	2	59	0.250	ST	☒		OUT.	59
L	4		4	387	SDR26	PL	☒			

Temp casing ☐ Yes Dia _____ From + _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method Saw

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	164	184	.125	1	200	
Perf	Liner	4	264	284	.125	1	200	
Perf	Liner	4	364	384	.125	1	200	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	3		380	1
Air	3		459	1

Temperature 51 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 114 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LANE Twp 21.00 S N/S Range 3.00 E E/W WMSec 14 NE 1/4 of the SW 1/4 Tax Lot 903

Tax Map Number _____ Lot _____

Lat _____ " or 43.74281859 DMS or DD

Long _____ " or -122.42398365 DMS or DD

☒ Street address of well ☐ Nearest address76242 STEHEKIN RD. OAKRIDGE, OR 97436**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/19/2026			21
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONESDepth water was first found 68.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/19/2026	68	83	3			21

(11) WELL LOGGround Elevation 1727.16 FT

Material	From	To
Top Soil	0	1
Brown Clay	1	50
Blue Sandstone	50	68
Fractured Green Sandstone	68	83
Blue Claystone	83	107
Basalt	107	130
Red Claystone	130	152
Basalt	152	190
Red Claystone	190	205
Basalt	205	250
Blue Claystone	250	273
Basalt	273	294
Blue Claystone	294	338
Basalt	338	365
Fractured Green claystone w Sand	365	385
Blue Claystone	385	395
Fractured Green Claystone w Sand	395	415
Basalt	415	460

ConstructionBegin Date 8/10/2026 Begin Time 07 52 End Date 8/19/2026**(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 2002 Date 8/21/2026Signed MAXWELL JONES (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 2002 Date 8/21/2026Signed MAXWELL JONES (E-filed)Drilling Company: Casey Jones Well Drilling Co., Inc.

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

LANE 80776

8/21/2026

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: 43.74281859 Datum: WGS84

Longitude: -122.42398365

Township/Range/Section/Quarter-Quarter Section:
WM21.00S3.00E14NESW

Address of Well:

76242 STEHEKIN RD. OAKRIDGE, OR 97436

Well Label: 162161

Printed: August 21, 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

