

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**

LANE 80813

WELL I.D. LABEL# L

161305

START CARD #

1083369

ORIGINAL LOG #

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

9/18/2026

**(1) LAND OWNER**

Owner Well I.D. 2

First Name FRANK

Last Name SCHULZ

Company

Address 1509 BENNETT CR. RD.

City COTTAGE GROVE

State OR

Zip 97424

**(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 160.00 ft.

| BORE HOLE |      |     |                 | SEAL |            |     |           |
|-----------|------|-----|-----------------|------|------------|-----|-----------|
| Dia       | From | To  | Material        | From | To         | Amt | sacks/lbs |
| 10        | 0    | 58  | Bentonite Chips | 0    | 58         | 30  | S         |
| 6         | 58   | 160 |                 |      | Calculated | 28  |           |
|           |      |     |                 |      | Calculated |     |           |

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED & TAMPED

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_

Seal Placement Begin Date 9/1/2026 Begin Time 12 25

**(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   | 6   | <input checked="" type="checkbox"/> 2 58 | 0.250 | ST        | <input checked="" type="checkbox"/> |      | OUT. 58       |
| L   | 4   | <input type="checkbox"/> 2 160           | Sch40 | PL        |                                     |      |               |
|     |     |                                          |       |           |                                     |      |               |
|     |     |                                          |       |           |                                     |      |               |
|     |     |                                          |       |           |                                     |      |               |

Temp casing ☐ Yes Dia \_\_\_\_\_ From + \_\_\_\_\_ To \_\_\_\_\_**(7) PERFORATIONS/SCREENS**

Perforations Method skillsaw

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To  | Scrn/slot width | Slot length | # of slots | Tele/ Pipe size |
|--------------|---------------|------------|------|-----|-----------------|-------------|------------|-----------------|
| Perf         | Liner         | 4          | 100  | 160 | .25             | 8           | 75         |                 |
|              |               |            |      |     |                 |             |            |                 |
|              |               |            |      |     |                 |             |            |                 |
|              |               |            |      |     |                 |             |            |                 |

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

| Type of Test | Yield (gal/min) | Drawdown | Drill Stem/ Pump Depth | Duration (hr) |
|--------------|-----------------|----------|------------------------|---------------|
| Air          | 40              |          | 160                    | 1             |
|              |                 |          |                        |               |
|              |                 |          |                        |               |

Temperature 56 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 215 ppm

| From To | Description | Amount | Units |
|---------|-------------|--------|-------|
|         |             |        |       |
|         |             |        |       |

**(9) LOCATION OF WELL (legal description)**

County LANE Twp 20.00 S N/S Range 3.00 W E/W WM

Sec 20 SE 1/4 of the SW 1/4 Tax Lot 2701

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or 43.81201825 DMS or DD

Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or -123.08039525 DMS or DD

☒ Street address of well ☐ Nearest address

1509 BENNETT CR. RD., COTTAGE GROVE, OR 97424

**(10) STATIC WATER LEVEL**

|                                | Date                     | SWL (psi) | + | SWL (ft) |
|--------------------------------|--------------------------|-----------|---|----------|
| Existing Well / Pre-Alteration |                          |           |   |          |
| Completed Well                 | 9/1/2026                 |           |   | 91       |
| Flowing Artesian?              | <input type="checkbox"/> |           |   |          |
| Dry Hole?                      | <input type="checkbox"/> |           |   |          |

WATER BEARING ZONES

Depth water was first found 112.00

| SWL Date | From | To  | Est Flow | SWL (psi) | + | SWL (ft) |
|----------|------|-----|----------|-----------|---|----------|
| 9/1/2026 | 112  | 118 | 40       |           |   | 91       |
|          |      |     |          |           |   |          |
|          |      |     |          |           |   |          |
|          |      |     |          |           |   |          |
|          |      |     |          |           |   |          |

**(11) WELL LOG**

Ground Elevation 954.46 FT

| Material                | From  | To    |
|-------------------------|-------|-------|
| Clay Red                | 0     | 16    |
| Clay Brown              | 16    | 36    |
| Claystone Brown/soft    | 36    | 48    |
| Claystone blue/grey/med | 48    | 112   |
| Claystone waterbearing  | 112   | 118   |
| Claystone blue/grey/med | 118   | 144   |
| Claystone hard          | 144   | 144.5 |
| Claystone med           | 144.5 | 160   |
|                         |       |       |
|                         |       |       |
|                         |       |       |
|                         |       |       |
|                         |       |       |
|                         |       |       |
|                         |       |       |
|                         |       |       |
|                         |       |       |
|                         |       |       |

Construction

Begin Date 9/1/2026 Begin Time 09 25 End Date 9/1/2026

**(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 \_\_\_\_\_ 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 1686 Date 9/18/2026

Signed TADD MOORE (E-filed)

Drilling Company: Mohr Well Drilling 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 80813

9/18/2026

## 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: 43.81201825 Datum: WGS84

Longitude: -123.08039525

Township/Range/Section/Quarter-Quarter Section:

WM20.00S3.00W20SESW

Address of Well:

1509 BENNETT CR. RD., COTTAGE GROVE, OR 97424

**Well Label: 161305**

**Printed: September 18, 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

