

WELL I.D. LABEL# L 132851 132851
 START CARD # 211911
 ORIGINAL LOG # _____

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Neal Last Name Lucht
 Company Gonzo Properties LLC
 Address 32300 S. Dryland Road
 City Molalla State OR Zip 97038

(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 Cable Mud
 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 451.42 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
16	0	34	Bentonite Chips	0	34	33	S
12	34	499				Calculated	26
						Calculated	

How was seal placed: Method A B C D E
 Other 690-210-0340

Backfill placed from 451.42 ft. to 499 ft. Material cement grout
 Filter pack from 333 ft. to 451.42 ft. Material pea Size 1/4,6-9

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	330	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	298.29	451.42	.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 330
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type v wire Material stainless steel

Perf/S	Casing/Screen	Screen Liner Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen		8	333.43	337.68	.07			8
Screen		8	346.43	352.68	.07			8
Screen		8	376.43	379.68	.07			8
Screen		8	429.13	434.38	.07			8

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

230		435	4
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Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 91

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CLACKAMAS Twp 5 S N/S Range 1 E E/W WM
 Sec 14 NE 1/4 of the SW 1/4 Tax Lot 1200
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.16750909 DMS or DD
 Long _____ " or -122.89664557 DMS or DD
 Street address of well Nearest address
 10395 S. Schneider Road, Molalla, OR 97038

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration		
Completed Well	04-26-2019	136.1

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-03-2019	324	327			152
12-06-2019	347	352			152
12-14-2019	430	434			152

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	1
Clay, light brown	1	13
Clay, silt, brown	13	19
Clay, yellowish brown	19	21
Clay, reddish brown	21	57
Clay, light gray	57	61
Clay, brown	61	69
Sand and clay, brown	69	72
Silt, brown	72	81
Silt, dark gray	81	105
Silt and sand, fine, black	105	107
Silt, gray	107	111
Silt, lavender	111	113
Silt, gray	113	134
Clay, dark greenish gray	134	138
Clay, dark green	138	149
Clay, light greenish gray	149	179
Clay, light greenish gray	179	186
Silt, light greenish gray	186	221

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Date Started 11-10-2018 Completed 04-26-2019

(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 1704 Date 04-28-2019

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 783 Date 04-28-2019

Signed *Kevin L. L...*
 Contact Info (optional) _____

**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: 45.1358136 Datum: WGS84

Longitude: -122.6544733

Township/Range/Section/Quarter-Quarter Section:

WM 5S 1E 14 NESW

Address of Well:

10395 S SCHNEIDER RD

Well Label: L132851

Well Log: CLAC 75038

Printed: March 17, 2026

DISCLAIMER: This map is intended to represent the approximate location of the exempt use well provided by the land owner. It is not intended to be construed as survey accurate in any manner.

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