Amended 2/20/2024

CLAC 78512

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WESTERBERG DRILLING INC
PO BOX 1228
HOLALLA, OR 97038

WELL I.D. LABEL# L 151651
START CARD # 1070460
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company Iseli Nursery
Address 30590 SE Kelso Rd
City Boring State OR Zip 97009

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 423 ft.

BORE HOLE

Dia	From	To
23	0	50
20	50	195
16	195	427

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	16	52	S
		Calculated	32	
Cement	16	195	352	S
		Calculated	155	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other Bentonite Placed Dry & Hydrated
Backfill placed from 423 ft. to 427 ft. Material Pea Gravel
Filter pack from 236 ft. to 423 ft. Material CSS Size 6/9
Seal Placement Begin Date 12/15/2023 Begin Time 11 00

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

(6) CASING/LINER

	Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Riser	●	○	16	☒	2	280	.375	●	○	☒	☐
	○	●	12	☐	234	274	.250	●	○	☒	☐
Tail	○	●	10	☐	372	392	.250	●	○	☒	☐
	○	●	10	☐	415	423	.250	●	○	☒	☐
	○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 423
Temp casing ☒ Yes Dia 20 From + ☒ 3 To 51

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type V-Wire Material Stainless Steel

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size
Screen		10	275	372	.07			10" PS
Screen		10	392	415	.07			10" PS

(8) WELL TESTS: Minimum testing time is 1 hour
◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
900	30	273	8

Temperature 56 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 214 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County CLACKAMAS Twp 2 S N/S Range 4 E E/W WM
Sec 7 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or 45.417948 DMS or DD
Long ° ' " or -122.354776 DMS or DD
◉ Street address of well ○ Nearest address
29760 SE Kelso Rd, Boring, OR 97009

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	01-25-2024			198' 8 1/4"

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 26

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-25-2023	26	43	DNM			11
DNM	75	139	DNM			
DNM	140	157	DNM			
01-25-2024	211	414	900+			198' 8 1/4"

(11) WELL LOG
Ground Elevation

Material	From	To
Soil	0	1
Clay Brown/Red with occasional Cobbles with	2	
Brown Clay		26
Cemented Gravel	26	43
Cobbles with Clay Brown	43	66
Course Cobbles & Boulders	66	74
Clay Brown	74	75
Cobble w/Clay Brown Course Occasional Boulders	75	138
Clay Brown Stickey	138	140
Gravel with Clay Course	140	157
Clay Tan	157	176
Gravel with Clay	176	177
Clay Brown with occasional Gravel	177	184
Clay with Gravel	184	196
Clay Brown	196	203
Clay Brown with some Gravel Layers	203	211
Loosely Cemented Gravel	211	236
Clay Tan	236	267
Sandstone Brown/Yellow	267	281

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Construction
Begin Date 07-21-2023 Begin Time 08-11 00 End Date 01-31-2024

(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 688 Date 02-05-2024
Signed Steven N. Stadeli
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95
New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - continuation page

WESTERBERG DRILLING INC
PO BOX 1228
MOLALLA, OR 97038

WELL I.D. LABEL# L 151651
START CARD # 1070460
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

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To
Sandstone Conglomerate	281	301
Course Sand, Small Gravel Loosely Cemented	301	332
Cemented Gravel w/Sand Brown w/Carmel Gravel	332	366
Sand Brown/Yellow Medium with Few Gravels	366	372
Clay Tan	372	383
Clay Grey	383	393
Sand Grey with Clay Lenses & Layers of Sand & Gravel Black	393	407
Sandstone/Grave/Conglomerate Black	407	414
Clay Grey	414	427

(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	#
Mike Hamilton		
Cody Stephenson		

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Comments/Remarks

12" x 10" bell reducer welded between 12" riser pipe and 10" screen at 274' - 275'.
Bottom plate welded on tail pipe.
12" flush drive shoe on top of 12" riser pipe.
No drilling occurred after completed SWL date
This well was drilled for Water Right Permit G-11134 & T-13802 & T-10751

OREGON WATER RESOURCES DEPARTMENT

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PUMP TEST FORM COVER SHEET

Owner Information:

Owner Name/Business Name:		Phone No.:	Additional Contact No.:
Iseli Nursery / Greg Elwell		971-400-6053	
Address: 30590 SE Kelso Rd.			
City: Boring	State: OR	Zip: 97009	E-Mail: gelwell@iselinursery.com

Pump Test Conducted By (If Different From Owner):

Test Conducted By Name:		Qualification:	License #:
Steve Stadeli		(SELECT) WWC	688
Company: Westerberg Drilling, Inc.		Phone No.: 503-829-2526	Additional Contact No.:
Address: PO Box 1228			
City: Molalla	State: OR	Zip: 97038	E-Mail: wdi.rsi@gmail.com

Tested Well Information (please attach well log(s) if available):

Well Log # (Ex: MARI 99999)	Well Tag # (Ex: L-999999)	Well Name or #	Well Depth	Original Owner	Date Drilled	Test Date
	L- 151651	#9	423	Iseli Nursery	01/31/2024	01/25/2024

(Continued)

Twp (Ex: 25S)	Rng (Ex: 31E)	Sec (Ex: 12)	QQ (Ex: SE/SW)	Surveyed Location (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	Latitude (Ex: 44.94473859)	Longitude (Ex: -123.02787000)
2S	4E	7	NE/NE		45.417948	-122.354776

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

Application	Permit	Transfer	Certificate	Is the tested well an authorized POA on this right?
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)
G-	G-	T-		○ Yes ◉ No (Need MWE Form)

Nearby Wells and Streams: *Please check yes or no. Do not leave blank.*

[No] Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate **distance** to each well from the tested well and the approximate **pumping rate** of each.
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

Well Log # (Ex: MARI 99999)	Bearing & Distance from Pumped Well (ft)	Date & Time Pump On	Date & Time Pump Off	Pumping Rate (GPM)

[No] Is there a lake, stream or other surface water body within ¼ mile of the tested well?
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.
Well elevation is [above] the surface water body.
Approximate distance: _____ ft.
Approximate elevation difference: _____ ft.

[Yes] Was the test conducted during normal use of the well?
Please indicate where pumped water was discharged: Nursery Holding & Distribution Pond
How far from the pumped well was water discharged? Approximately 1/2 Mile ft.

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx.

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PUMP TEST FORM COVER SHEET

Water-Level Measurement Method: Electric Tape *Verify here: { *Airline:* _____ psi _____ feet. *E-Tape:* _____ feet.
Length of air line (if used): _____
**Airline measurements must be verified by an E-Tape measurement*
Pressure transducer (if used):
Manufacturer: _____ *Serial #:* _____
Date Last Calibrated: _____ *Units:* _____

Pump Type: Submersible
HP: 100 Pump set at: 273 feet.
Pump idle time: 38 Hours

Discharge Measurement Method: Flowmeter
Flowmeter (if used):
Manufacturer: McCrometer *Serial #:* _____
Date Last Calibrated: Not Known *Units:* Gallons

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: https://www.oregon.gov/OWRD/Forms/Pages/default.aspx

Measuring Point (MP): Measuring point distance above land surface 5.0 feet.
Description (e.g., top port of 1 inch port pipe, west side) Top f 3/4" PVC probe tube at well head.

Time pump turned on: Date 01/25/2024 Time 8:00 AM
Time pump turned off: Date 01/25/2024 Time 4:00 PM
Total pumping time: 8 hours 0 minutes.

Remember, your pump test may not be approved unless it meets the following criteria*:

- ☐ The discharge rate was held constant for the entire pumping phase.
- ☐ The pump was on during the entire pumping phase (≥ 4 hours).
- ☐ The discharge was measured at the start of pumping and at least once every hour during the test.
- ☐ Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- ☐ Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- ☐ Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- ☐ Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- ☐ If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- ☐ The pump test cover sheet was completely filled out and signed.
- ☐ The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- ☐ The well was idle for at least 16 hours prior to the test.
- ☐ The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

**This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.*

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:
https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186.

Submit forms to: **Attn: Certificates Section, Oregon Water Resources Department**
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD_DL_pumptestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: Steven N. Stubbs DATE: 02/07/2024

OWNER SIGNATURE: _____ DATE: _____

Additional forms can be found at: https://www.oregon.gov/owrd/Forms/Pages/default.aspx. OWRD 20200115

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PUMP TEST FORM DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 151651	#9	423	Iseli Nursery	01/31/2024	01/25/2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, gpm)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
01/25/24	7:05 AM		203' 8.5"	0	Pre-test			
	7:25		203' 8.5"	0	Pre-test			
	7:45		203' 8.5"	0	Pre-test			
	8:00			900	Pumping			Start Pump
	8:02	2 Min	215' 6.25"	900	Pumping			
	8:04	4 Min	218' 11.25"	900	Pumping			
	8:06	6 Min	220' 0.5"	900	Pumping			
	8:08	8 Min	221' 0.75"	900	Pumping			
	8:10	10 Min	221' 3.75"	900	Pumping			
	8:15	15 Min	222' 6.25"	900	Pumping			
	8:20	20 Min	224' 0.25"	900	Pumping			
	8:25	25 Min	225' 1.5"	900	Pumping			
	8:30	30 Min	225' 9.75"	900	Pumping			
	8:45	45 Min	226' 11.75"	900	Pumping			
	9:00	1 Hour	227' 9"	900	Pumping			
	9:15	1 H 15 M	228' 4"	900	Pumping			
	9:30	1 H 30 M	228' 9.5"	900	Pumping			
	9:45	1 H 45 M	229' 2"	900	Pumping			
	10:00	2 Hours	229' 7.25"	900	Pumping			
	10:15	2 H 15 M	229' 10"	900	Pumping			
	10:30	2 H 30 M	230' 3.75"	900	Pumping			
	10:45	2 H 45 M	230' 6.75"	900	Pumping			
	11:00	3 Hours	230' 9.5"	900	Pumping			
	11:15	3 H 15 M	231'	900	Pumping			
	11:30	3 H 30 M	231' 2.75"	900	Pumping			
	11:45	3 H 45 M	231' 5.5"	900	Pumping			
	12:00	4 Hours	231' 6.75"	900	Pumping			
	12:15	4 H 15 M	231' 10.25"	900	Pumping			
	12:30	4 H 30 M	232' 0.5"	900	Pumping			
	12:45	4 H 45 M	232' 0.75"	900	Pumping			
	1:00	5 Hours	232' 4.5"	900	Pumping			
	1;15	5 H 15 M	232' 6"	900	Pumping			
	1:30	5 H 30 M	232' 7.75"	900	Pumping			
	1:45	5 H 45 M	232' 9.5"	900	Pumping			
	2:00	6 Hours	232' 10"	900	Pumping			
	2:15	6 H 15 M	232' 11.5"	900	Pumping			
	2:30	6 H 30 M	233' 1.75"	900	Pumping			
	2:45	6 H 45 M	233' 2.75"	900	Pumping			
	3:00	7 Hours	233' 5"	900	Pumping			

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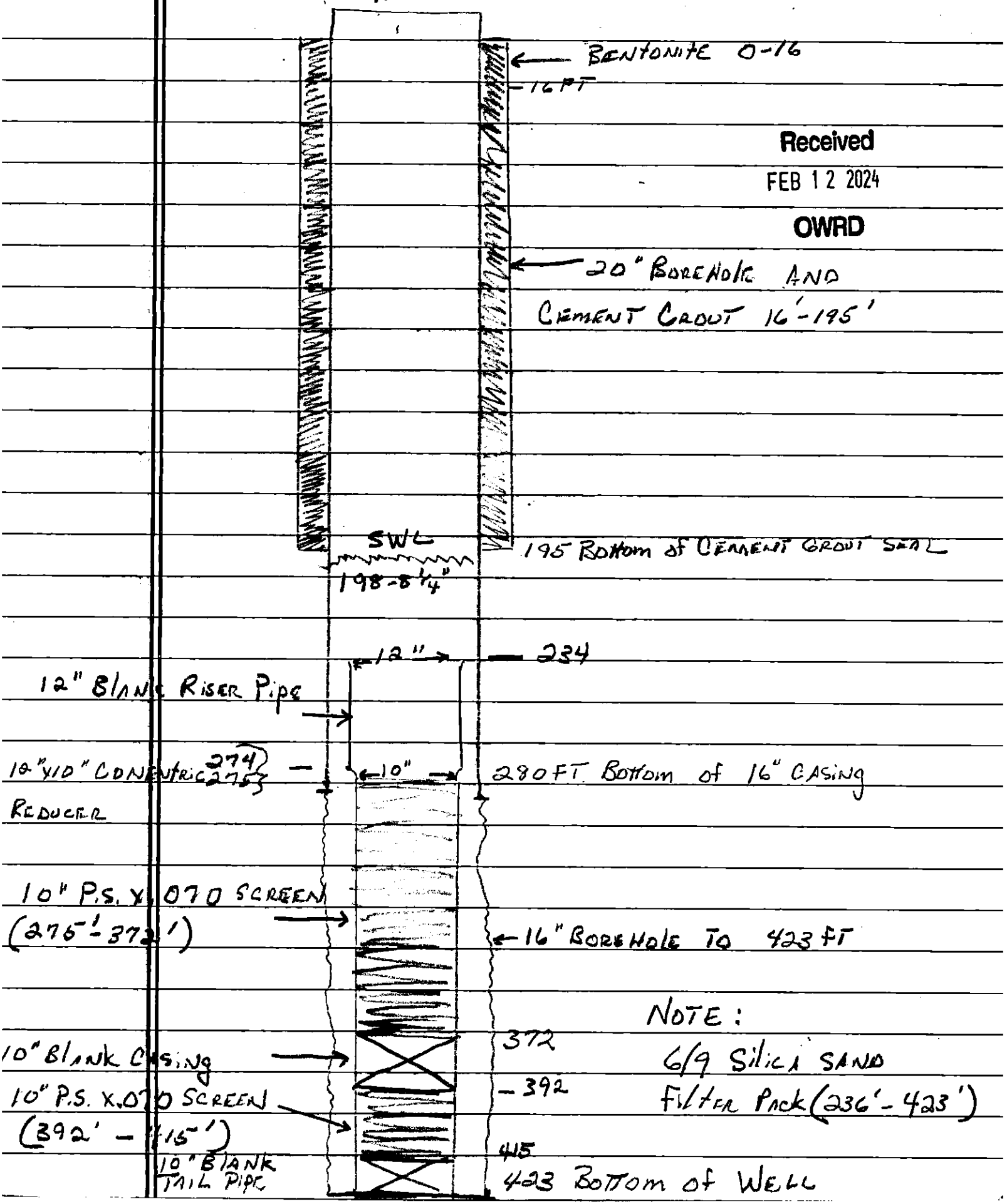
PUMP TEST FORM DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 151651	#9	423	Iseli Nursery	01/31/2024	01/25/2024

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, gpm)	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
01/25/24	3:15 PM	7 H 15 M	233' 6.5"	900	Pumping			
	3:30	7 H 30 M	233' 7.25"	900	Pumping			
	3:45	7 H 45 M	233' 8.5"	900	Pumping			
	4:00	8 Hours	233' 9.25"	900	Pumping			Pump Off
	4:02	2 Min	219' 2"	0	Recovery			
	4:04	4 Min	216' 10"	0	Recovery			
	4:06	6 Min	216' 0.5"	0	Recovery			
	4:08	8 Min	215' 3.75"	0	Recovery			
	4:10	10 Min	214' 6.5"	0	Recovery			
	4:15	15 Min	213' 3.5"	0	Recovery			
	4:20	20 Min	212' 5.5"	0	Recovery			
	4:25	25 Min	211' 11.5"	0	Recovery			
	4:30	30 Min	211' 4.75"	0	Recovery			
	4:45	45 Min	210' 7.5"	0	Recovery			
	5:00	1 Hour	210'	0	Recovery			
	5:15	1 H 15 M	209' 7"	0	Recovery			
	5:30	1 H 30 M	209' 2.5"	0	Recovery			
	5:45	1 H 45 M	208' 11"	0	Recovery			
	6:00	2 Hours	208' 8"	0	Recovery			
	6:15	2 H 15 M	208' 4.5"	0	Recovery			
	6:30	2 H 30 M	208' 2.5"	0	Recovery			
	6:45	2 H 45 M	208' 0.75"	0	Recovery			
	7:00	3 Hours	207' 10.25"	0	Recovery			
	7:15	3 H 15 M	207' 8.5"	0	Recovery			
	7:30	3 H 30 M	207' 6.5"	0	Recovery			
	7:45	3 H 45 M	207' 4.5"	0	Recovery			
	8:00	4 Hours	207' 2.5"	0	Recovery			
	8:15	4 H 15 M	207' 1.25"	0	Recovery			
	8:30	4 H 30 M	206' 11.75"	0	Recovery			
	8:45	4 H 45 M	206' 10.5"	0	Recovery			
	9:00	5 Hours	206' 9"	0	Recovery			
	9:15	5 H 15 M	209' 7.25"	0	Recovery			
	9:30	5 H 30 M	206' 5.75"	0	Recovery			
	9:45	5 H 45 M	206' 7.5"	0	Recovery			
	10:00	6 Hours	206' 3.5"	0	Recovery			
	10:15	6 H 15 M	206' 2.75"	0	Recovery			
	10:30	6 H 30 M	206' 2"	0	Recovery			
	10:45	6 H 45 M	206' 1.25"	0	Recovery			
	11:00	7 Hours	206' 0.75"	0	Recovery			

ISELI NURSERY WELL #9

L-15165-1



NOTE:
6/9 SILICA SAND
FILTER PACK (236'-423')