

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 79237

WELL I.D. LABEL# L

155200

START CARD #

1077294

ORIGINAL LOG #

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

6/13/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name EMMANUELLast Name RAMOSCompany TEN OAKS NURSERYAddress 11743 S BARNARDS RDCity MOLALLA State OR Zip 97038**(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 ☐ Cable Mud

☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community

☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering

☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 223.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	27	Bentonite	0	27	30	S
8	27	223			Calculated	15.31	
					Calculated		

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

Backfill placed from _____ ft. to _____ ft. Material _____

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 6/6/2025 Begin Time 14 00**(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	8	☒ 1.5	220	0.250	ST	☒		OUT.	220

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	200		218	8

Temperature 59 °F Lab analysis ☒ Yes By SDI, Iron 0.75 ppmWater quality concerns? ☐ Yes (describe below) TDS amount 81.6 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CLACKAMAS Twp 4.00 S N/S Range 1.00 E E/W WMSec 36 SW 1/4 of the SE 1/4 Tax Lot 2100Tax Map Number 41E36 Lot _____Lat _____ ° _____ ' _____ " or 45.17298637 DMS or DDLong _____ ° _____ ' _____ " or -122.62617587 DMS or DD☒ Street address of well ☐ Nearest address11743 S BARNARDS RD, MOLALLA, OR 97038**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>6/13/2025</u>			<u>41</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 45.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

<u>6/10/2025</u>	<u>45</u>	<u>221</u>	<u>200</u>		<u>41</u>

(11) WELL LOGGround Elevation 273.78 FT

Material	From	To
Clay, brown, silty	0	15
Clay, gray	15	22
Gravels, cemented, gray & brown	22	45
Gravels, large to medium, gray & brown	45	112
Sand, cemented w/ pea gravel, multicolored	112	124
Gravels, cemented, gray & brown	124	151
Gravels, medium w/ layers clay, gray	151	157
Gravels, large to medium w/ sand, multicolored	157	164
Clay, brown w/ gravel & sand, multicolored	164	169
Gravels, medium, gray & brown	169	181
Sand, cemented, gray w/ wood	181	192
Gravels, large, gray, some sand	192	210
Sand, cemented, gray, broken	210	221
Clay, green	221	223

Construction

Begin Date 6/5/2025 Begin Time 10 00 End Date 6/13/2025**(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 1884 Date 6/13/2025Signed Justin Melonuk**(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 2006 Date 6/13/2025Signed CHRISTEN BLAND (E-filed)Drilling Company: Skyles Drilling, Inc. 503-656-2683

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.

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

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6/13/2025

Map of Hole

