

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 79779

WELL I.D. LABEL# L

START CARD #

1081816

ORIGINAL LOG #

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

5/12/2026

(1) LAND OWNER

Owner Well I.D. #1

First Name JUAN Last Name OROZCO

Company

Address 2446 HAZEL AVE NE

City SALEM State OR Zip 97301

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☒ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Std Plstc Wld Thrd

Material From To Amt sacks/lbs

Seal: Material From To Amt sacks/lbs

(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 ABANDONMENT

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 0.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
10	0	20	Bentonite	0	9	10	S
8	20	300			Calculated	8.5	
			Cement	9	300	93	S
					Calculated	93	

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

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 5/1/2026 Begin Time 13 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

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	3		300	1

Temperature 56 °F Lab analysis ☐ Yes ByWater quality concerns? ☐ Yes (describe below) TDS amount 154 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAMAS Twp 5.00 S N/S Range 1.00 E E/W WM

Sec 34 NE 1/4 of the SE 1/4 Tax Lot 1300

Tax Map Number Lot

Lat ° ' " or 45.09131900 DMS or DD

Long ° ' " or -122.66194200 DMS or DD

☒ Street address of well ☐ Nearest address

35725 S. HWY 213, MOLALLA, OR 97038

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well			

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 25.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
5/1/2026	25	45	1		0
5/1/2026	68	100	3		0

(11) WELL LOG

Ground Elevation 245.73 FT

Material	From	To
Soil	0	1
Clay Brown Medium	1	15
Clay Grey Sticky	15	18
Clay Brown	18	25
Cap Rock Brown	25	30
Basalt Grey Hard	30	45
Basalt Grey Hard Midly Fractured	45	68
Basalt Grey with Blue Claystone	68	100
Claystone/Siltstone Blue	100	131
Basalt Blue-Green Fractured	131	136
Basalt Grey Green & Blue	136	167
Siltstone Dark Grey with Blue-Grey Claystone	167	204
Tuftstone Green Hard	204	250
Basalt with Claystone Grey & Green	250	288
Claystone/Siltstone Grey Brown & Green	288	300

Construction

Begin Date 4/29/2026 Begin Time 16 00 End Date 5/4/2026

(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 1358 Date 5/12/2026

Signed BYRON STADELI (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 1487 Date 5/12/2026

Signed DANIEL STADELI (E-filed)

Drilling Company:

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.

5/12/2026

START CARD # 1081816

ORIGINAL LOG #

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(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#
JAMES BURCH	HELPER WATER	8889013

Comments/Remarks

Insufficient water found to satisfy irrigation permit # G-18668 so well was abandoned.

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

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5/12/2026

Map of Hole

