

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

CLAC 79941

WELL I.D. LABEL# L

156294

START CARD #

1082644

ORIGINAL LOG #

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

8/4/2026

**(1) LAND OWNER**

Owner Well I.D. \_\_\_\_\_

First Name JOELast Name WEBER

Company \_\_\_\_\_

Address 32125 S. GOODTIME 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 Thrld  
 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 493.00 ft.

| BORE HOLE |      |     | SEAL      |      |            |      | sacks/ |
|-----------|------|-----|-----------|------|------------|------|--------|
| Dia       | From | To  | Material  | From | To         | Amt  | lbs    |
| 10        | 0    | 100 | Bentonite | 0    | 12.5       | 86   | S      |
| 6         | 100  | 502 |           |      | Calculated | 5.25 |        |
|           |      |     | Cement    | 12.5 | 100        | 33   | S      |
|           |      |     |           |      | Calculated | 24.3 |        |

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POURED & PROBEDBackfill placed from 493 ft. to 502 ft. Material CEMENT

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

Explosives used: ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_Seal Placement Begin Date 7/7/2026 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   | 6   | <input checked="" type="checkbox"/> 1.42 460 0.250 | ST        | <input checked="" type="checkbox"/> |      | OUT. | 460           |
|     |     |                                                    |           |                                     |      |      |               |
|     |     |                                                    |           |                                     |      |      |               |
|     |     |                                                    |           |                                     |      |      |               |
|     |     |                                                    |           |                                     |      |      |               |

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 100**(7) PERFORATIONS/SCREENS**Perforations Method Holte Air Perf

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

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To  | Scrm/slot width | Slot length | # of slots | Tele/ Pipe size |
|--------------|---------------|------------|------|-----|-----------------|-------------|------------|-----------------|
| Perf         | Casing        | 6          | 393  | 413 | .125            | 1.5         | 210        |                 |
|              |               |            |      |     |                 |             |            |                 |
|              |               |            |      |     |                 |             |            |                 |
|              |               |            |      |     |                 |             |            |                 |

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

| Type of Test | Yield (gal/min) | Drawdown | Drill Stem/ Pump Depth | Duration (hr) |
|--------------|-----------------|----------|------------------------|---------------|
| Air          | 3               |          | 445                    | 1             |
|              |                 |          |                        |               |
|              |                 |          |                        |               |

Temperature 66 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 167 ppm

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

**(9) LOCATION OF WELL (legal description)**County CLACKAMAS Twp 5.00 S N/S Range 2.00 E E/W WMSec 18 NW 1/4 of the NW 1/4 Tax Lot 1404

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

Lat \_\_\_\_\_ " or 45.14193000 DMS or DD

Long \_\_\_\_\_ " or -122.61838000 DMS or DD

☐ Street address of well ☒ Nearest address

SOUTH OF 32102 S. GOODTIME RD, MOLALLA, OR 97038

**(10) STATIC WATER LEVEL**

|                                | Date                     | SWL (psi) | + | SWL (ft) |
|--------------------------------|--------------------------|-----------|---|----------|
| Existing Well / Pre-Alteration |                          |           |   |          |
| Completed Well                 | 7/8/2026                 |           |   | 273.25   |
| Flowing Artesian?              | <input type="checkbox"/> |           |   |          |
| Dry Hole?                      | <input type="checkbox"/> |           |   |          |

WATER BEARING ZONES

Depth water was first found 391.00

| SWL Date | From | To  | Est Flow | SWL (psi) | + | SWL (ft) |
|----------|------|-----|----------|-----------|---|----------|
| 7/8/2026 | 391  | 413 | 2        |           |   | 273.25   |
|          |      |     |          |           |   |          |
|          |      |     |          |           |   |          |
|          |      |     |          |           |   |          |

**(11) WELL LOG**Ground Elevation 394.10 FT

| Material                           | From | To  |
|------------------------------------|------|-----|
| Soil                               | 0    | 1   |
| Clay & Cobbles Brown               | 1    | 12  |
| Clay Grey with Gravels             | 12   | 18  |
| Clay Red                           | 18   | 23  |
| Clay Brown with Occasional Cobbles | 23   | 30  |
| Silt Tan                           | 30   | 50  |
| Clay Tan Sticky                    | 50   | 56  |
| Clay Brown Sticky                  | 56   | 65  |
| Clay with Silt Brown               | 65   | 80  |
| Silt Brown Packed                  | 80   | 90  |
| Clay Tan Sticky                    | 90   | 94  |
| Clay Blue Sticky                   | 94   | 105 |
| Silt Blue Slightly Packed          | 105  | 113 |
| Clay Brown                         | 113  | 116 |
| Clay Blue                          | 116  | 125 |
| Silt Blue                          | 125  | 160 |
| Silt Grey                          | 160  | 180 |
| Silt Blue Grey                     | 180  | 223 |
| Clay Sticky Grey Slightly Packed   | 223  | 235 |

Construction

Begin Date 6/29/2026 Begin Time 13 00 End Date 7/8/2026**(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 8/4/2026Signed 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 8/4/2026Signed DANIEL STADELI (E-filed)Drilling Company: Westerberg 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

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8/4/2026

## Map of Hole

