

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

CLAC 79958

WELL I.D. LABEL# L

157221

START CARD #

1082981

ORIGINAL LOG #

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

8/14/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name SETH & CASEY Last Name KEITH

Company _____

Address 19251 CENTRAL POINT RDCity OREGON CITY State OR Zip 97045**(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

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 _____**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 162.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	30	Bentonite Chips	0	8	5	S
6	30	162			Calculated	3.65	
			Cement with 3% Bently	8	30	1598	P
					Calculated	447.54	

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: PORED, PROBED, HYDR

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/12/2026 Begin Time 16 30**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒	2	162	0.250	ST	☒		OUT.	162
L	4		2	142	Sch40	PL		☒		

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 19**(7) PERFORATIONS/SCREENS**Perforations Method mills knifeScreens Type quiklok Material pvc

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	118	142	.25	1.25	138	
Screen	Liner	4	142	162	.32			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	25		161	1.5

Temperature 59 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 63 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CLACKAMAS Twp 2.00 S N/S Range 2.00 E E/W WMSec 22 NE 1/4 of the NW 1/4 Tax Lot 201

Tax Map Number _____ Lot _____

Lat _____ " or 45.38743163 DMS or DD

Long _____ " or -122.55063521 DMS or DD

☒ Street address of well ☐ Nearest address15079 S BEATON RD**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/13/2026			101
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 118.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/13/2026	118	142	25			101

(11) WELL LOGGround Elevation 264.04 FT

Material	From	To
TOP SOIL	0	1
BROWN CLAY STICKY	1	25
BLACK SAND FINE	25	46
GRAY CLAY STICKY	46	57
GRAVEL	57	118
GRAVEL W/ GRITTY BROWN CLAY	118	122
GRAVEL	122	142
BROWN CLAY W/ LARGE GRAVEL SEAMS	142	156
GRAY SANDY CLAY	156	162

Construction

Begin Date 8/10/2026 Begin Time 14 30 End Date 8/13/2026**(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 2089 Date 8/14/2026Signed TYLER KYLE (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 1771 Date 8/14/2026Signed GEORGE YOUNGBERG (E-filed)Drilling Company: Youngberg Pump And Well Drilling LLC

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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Map of Hole

