

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 79960

WELL I.D. LABEL# L

158631

START CARD #

1083073

ORIGINAL LOG #

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

8/14/2026

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(1) LAND OWNER

Owner Well I.D.

First Name DAVID

Last Name JENKINS

Company GARRETTE CUSTOM HOMES

Address 11815 NE 99TH ST, SUITE 1200

City VANCOUVER

State WA

Zip 98682

(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: Material From To Amt sacks/lbs

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☐ Reverse Rotary ☒ Other MITSUBISHI ULTRA MAX

(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 237.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10.9	0	49	Bentonite	0	18	11	S
7.44	49	237			Calculated	10.89	
			Cement with 5% Bently	18	49	14	S
					Calculated	7.88	

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

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 09 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
C	6	☒ 1.67 237 0.250	ST	☒		IN.	237

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 49

(7) PERFORATIONS/SCREENS

Perforations Method Air Perforator

Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	228	236	.25	1	160	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	45		228	1

Temperature 58 °F Lab analysis ☒ Yes By SDI, Iron 1.0 ppm

Water quality concerns? ☐ Yes (describe below) TDS amount 80 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 WM

Sec 22 SW 1/4 of the NW 1/4 Tax Lot 1801

Tax Map Number 22E22B

Lot

Lat ° ' " or 45.38438460 DMS or DD

Long ° ' " or -122.55756870 DMS or DD

☒ Street address of well ☐ Nearest address

15282 S BRUNNER RD, OREGON CITY, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/13/2026			165
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 167.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/11/2026	167	237	45			165

(11) WELL LOG

Ground Elevation 283.53 FT

Material	From	To
Topsoil, brown	0	2
Clay, brown	2	12
Packed sand, silty, gray	12	37
Clay, gray	37	70
Clay, brown, tan	70	79
Conglomerate w/ gravels, multicolored	79	131
Gravels, cemented, multicolored	131	167
Gravels w/ sand, multicolored	167	201
Sand w/ gravels, multicolored, coarse	201	217
Gravels, sand, coarse, browns	217	237

Construction

Begin Date 8/6/2026 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 1884 Date 8/14/2026

Signed JUSTIN MELONUK (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 2006 Date 8/14/2026

Signed 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.

8/14/2026

[illegible][illegible][illegible]

					Calculated	
					Calculated	
					Calculated	
					Calculated	

From	To	Material	Size

[illegible][illegible]

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

Assistant Name	Type	#
WYATT MELONUK	HELPER WATER	8889022

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

CLAC 79960

8/14/2026

Map of Hole

