

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

CLAC 79985

WELL I.D. LABEL# L

157223

START CARD #

1083259

ORIGINAL LOG #

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

8/28/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name BENLast Name VEST

Company _____

Address 32558 S. KRUPIKA WAYCity 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:

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(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 142.00 ft.

BORE HOLE				SEAL			sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	30	Bentonite Chips	0	5	3.5	S
6	30	142			Calculated	2.28	
			Cement with 2% Bently	5	30	846	P
					Calculated	543.69	

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/24/2026 Begin Time 12 01**(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	☒	1.5	140	0.250	ST	☒		OUT. 140
L	4.5		4	122	Sch40	PL		☒	

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 19**(7) PERFORATIONS/SCREENS**Perforations Method Push Down PerforatorScreens Type QUICKLOK Material PVC

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	90	122	.25	1	130	
Screen	Liner	4.5	122	142	.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	35		142	1.5

Temperature 60 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 72 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 17 NE 1/4 of the SW 1/4 Tax Lot 5300

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.13511692 DMS or DD

Long _____ ° _____ ' _____ " or -122.59063935 DMS or DD

☒ Street address of well ☐ Nearest address32558 S. KRUPIKA WAY, MOLALLA, OR 97038**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/24/2026			50
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 89.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/24/2026	89	108	35			50

(11) WELL LOGGround Elevation 428.35 FT

Material	From	To
TOP SOIL	0	1
BROWN CLAY W/ GRAVEL	1	26
GRAVEL	26	33
BROWN CLAY W/ GRAVEL SEAMS	33	51
GRAY GRITTY CLAY	51	81
GRAY SAND MED/FINE	81	89
GRAVEL	89	108
PARTIALLY CEMENTED SAND	108	111
GRAY SANDY CLAY	111	142

Construction

Begin Date 8/20/2026 Begin Time 12 01 End Date 8/24/2026**(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 8/28/2026Signed 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 8/28/2026Signed GEORGE YOUNGBERG (E-filed)Drilling Company: Youngberg Pump & 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

