

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

CLAC 79999

WELL I.D. LABEL# L

160469

START CARD #

1083132

ORIGINAL LOG #

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

9/16/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name STACIELast Name BERNERT

Company _____

Address 13573 S LELAND 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

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 198.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	To			
10.9	0	58	Bentonite	0	7	4.25	S
6	58	198	Calculated			4.24	
			Cement with 5% Bento	7	58	16	S
			Calculated			12.96	

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 9/8/2026 Begin Time 11 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	☒	1.5	181	0.250	ST	☒		OUT.	181
L	5		125	181	0.250	ST	☒			
L	5		191	198	0.250	ST	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 58**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type Stainless Material Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		5	181	191	.2			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	60		195	0.5
Air	42		178	1
Air	30		172	1

Temperature 60 °F Lab analysis ☒ Yes By SDI, Iron 0.5 ppmWater quality concerns? ☐ Yes (describe below) TDS amount 80 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CLACKAMAS Twp 3.00 S N/S Range 2.00 E E/W WMSec 20 NW 1/4 of the NE 1/4 Tax Lot 300Tax Map Number 32E20 Lot _____Lat _____ ° _____ ' _____ " or 45.30126800 DMS or DDLong _____ ° _____ ' _____ " or -122.58567800 DMS or DD☒ Street address of well ☐ Nearest address13573 S LELAND RD, OREGON CITY, OR**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>9/9/2026</u>			<u>143</u>
Flowing Artesian? ☐		Dry Hole? ☐		

WATER BEARING ZONES

Depth water was first found 181.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>9/7/2026</u>	<u>181</u>	<u>192</u>	<u>60</u>			<u>143</u>

(11) WELL LOGGround Elevation 323.80 FT

Material	From	To
Topsoil	0	1
Clay, brown, gritty, crumbly	1	16
Clay, tan, silty	16	30
Clay, bluish gray, gritty	30	38
Clay, gray, silty w/ seams sand, gray, fine	38	44
Clay, brown, stiff	44	60
Clay, gray, sandy	60	76
Clay, gray, sandy w/ seams claystone, gray, soft	76	82
Clay, bluish gray & sand, multicolored grays, coarse, cemented	82	86
Sand gray, multicolored, multicolored, coarse, cemented	86	94
Clay, gray, gritty w/ seams sand, multicolored, coarse	94	104
Clay, gray, silty w/ small seams claystone, bluish gray, soft	104	127
Clay, bluish gray, sandy	127	138
Clay, gray, sandy w/ wood	138	157
Clay, gray, bluish gray, sandy	157	181

Construction

Begin Date 8/31/2026 Begin Time 12 30 End Date 9/9/2026**(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 2003 Date 9/10/2026Signed JAIME MUNOZ JR (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 9/16/2026Signed 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.

Recommend pump setting @ 178' or higher.

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

