

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

CLAC 80008

WELL I.D. LABEL# L

156299

START CARD #

1083466

ORIGINAL LOG #

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

9/23/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name NICKLast Name NEGIREFF

Company _____

Address PO BOX 628City HUBBARDState ORZip 97032**(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 205.00 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
10	0	65	Bentonite	0	3	2	S
6	65	205	Calculated			2	
			Cement	3	65	33	S
			Calculated			17.5	

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

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

Filter pack from 152 ft. to 205 ft. Material GRAVEL Size 4 x 8Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 9/10/2026 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	Location
C	6	☒	1.5	192.5	0.250	ST	☒		OUT.	192.5
L	4		152	193.5	CL 200	PL	☒			
L	4		203	205	CL 200	PL	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 60**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type Wire Wrap Material Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		4	193	203	.065			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	40		205	1

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 217 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CLACKAMAS Twp 5.00 S N/S Range 1.00 W E/W WMSec 1 SE 1/4 of the NW 1/4 Tax Lot 501

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.16611000 DMS or DD

Long _____ ° _____ ' _____ " or -122.75735000 DMS or DD

☒ Street address of well ☐ Nearest address5351 BERRY LANE, HUBBARD, OR 97032**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/11/2026			85.25
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 109.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/8/2026	109	110	5			76.67
9/9/2026	118	120	10			78.83
9/11/2026	193	203	40			85.25

(11) WELL LOGGround Elevation 184.32 FT

Material	From	To
Soil	0	1
Clay Brown Medium	1	19
Clay Brown Stickey	19	40
Cemented Sand Brown Dry	40	46
Clay Brown	46	60
Clay Blue	60	66
Cemented Sand Brown	66	78
Sand & Gravel Brown	78	82
Clay Brown	82	95
Clay Grey	95	106
Packed Silt Grey	106	109
Sand & Gravel Grey	109	110
Packed Silt Grey	110	118
Cemented Sand	118	120
Clay Grey	120	125
Sand Grey Soupy	125	130
Sand Black Medium Course	130	144
Claystone Grey	144	148
Clay Grey with Sand Lenses	148	152

Construction

Begin Date 9/4/2026 Begin Time 09 30 End Date 9/11/2026**(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 9/23/2026Signed 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 9/23/2026Signed 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.

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