

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 80017

WELL I.D. LABEL# L

158481

START CARD #

1082879

ORIGINAL LOG #

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

10/1/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name BRYNLast Name BERGLUND

Company _____

Address 14850 SW GLADE LNCity SHERWOOD State OR Zip 97140**(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 485.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	300	Bentonite Chips	0	300	133	S
6	300	485			Calculated	124	
					Calculated		

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/14/2026 Begin Time 15 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	☒	1	300	0.250	ST	☒		IN.	300
L	4		265	485	Sch40	PL		☒		

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method Skillsaw

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		4	445	485	.125	4	70	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	15		485	1.5

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 61 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CLACKAMAS Twp 3.00 S N/S Range 1.00 W E/W WMSec 8 NE 1/4 of the SE 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.32133000 DMS or DD

Long _____ ° _____ ' _____ " or -122.82962000 DMS or DD

☒ Street address of well ☐ Nearest address14850 SW GLADE LN, SHERWOOD, OR 97140**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/27/2026			341
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 410.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/27/2026	410	485	15			341

(11) WELL LOGGround Elevation 463.88 FT

Material	From	To
Brown clay w/ small boulders	0	11
Coarse multicolored gravel	11	31
Gray basalt	31	60
Red basalt	60	75
Hard gray basalt	75	210
Red volcanic rock	210	217
Hard gray basalt	217	300
Medium gray basalt	300	310
Hard gray basalt	310	365
Medium hard gray basalt	365	410
Hard broken gray basalt	410	485

Construction

Begin Date 7/21/2026 Begin Time 11 29 End Date 8/27/2026**(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 1738 Date 10/1/2026Signed VANCE WAGNER (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 1738 Date 10/1/2026Signed VANCE WAGNER (E-filed)Drilling Company: Olsen Well Drilling and Pump

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

CLAC 80017

10/1/2026

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department
725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.32133000 Datum: WGS84

Longitude: -122.82962000

Township/Range/Section/Quarter-Quarter Section:

WM3.00S1.00W8NESE

Address of Well:

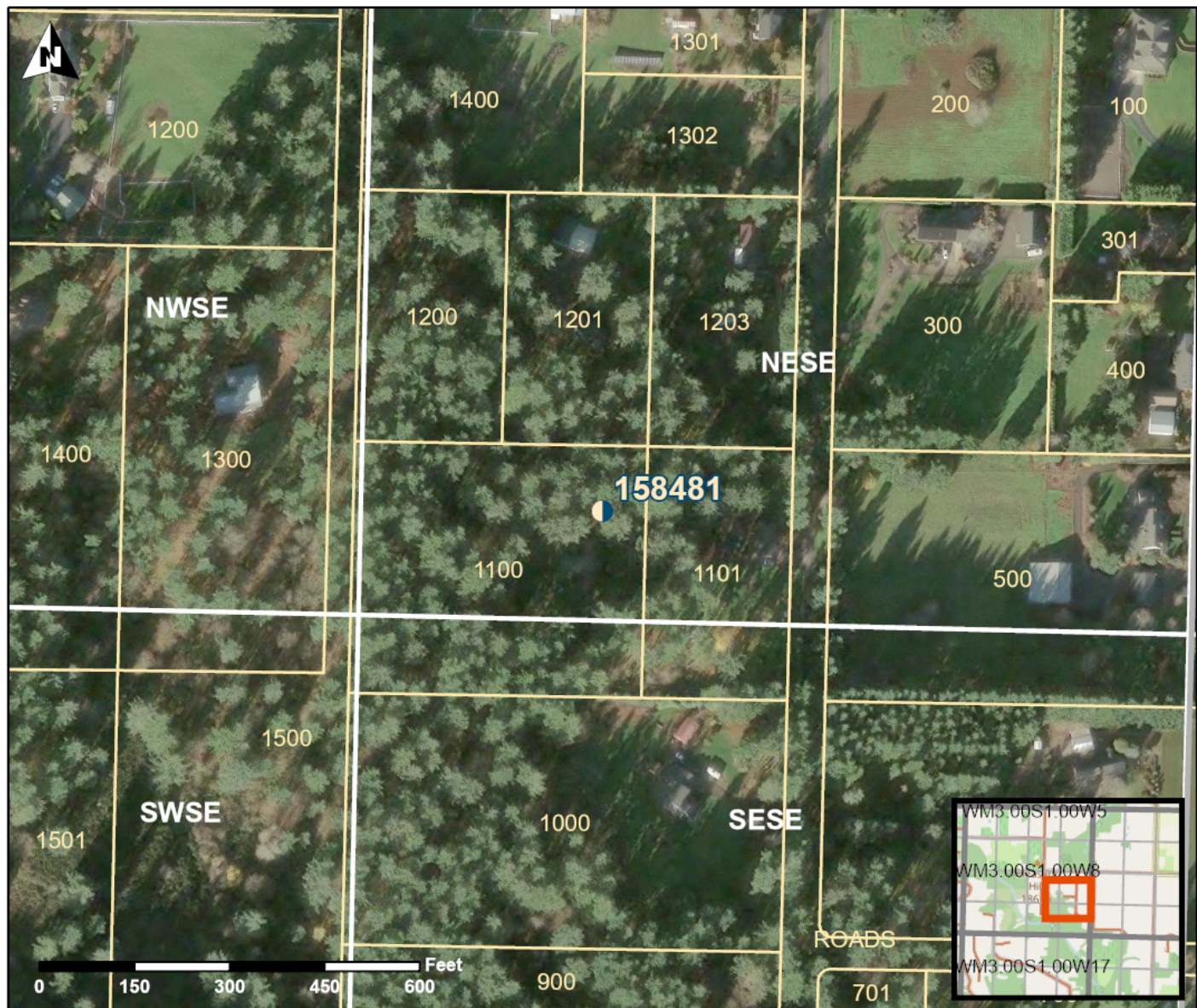
14850 SW GLADE LN, SHERWOOD, OR 97140

Well Label: 158481

Printed: October 1, 2026

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



10/1/2026

Map of Hole

