

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 80018

WELL I.D. LABEL# L

160470

START CARD #

1083459

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 GREGORYLast Name GORDONCompany & JANET BRINSFIELDAddress PO BOX 894City AURORAState ORZip 97002**(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 104.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10.9	0	39	Bentonite	0	12	8	S
6	39	104	Calculated			7.26	
			Cement with 5% Bently	12	39	14	S
			Calculated			6.86	

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 9/23/2026 Begin Time 10 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	94	0.250	ST	☒		OUT.	94
L	5		74	94	0.188	ST	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 39**(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
Screen	Liner	5	94	104	10			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	50		90	1
Air	70		80	1

Temperature 58 °F Lab analysis ☒ Yes By SDI, Iron 1.0 ppmWater quality concerns? ☐ Yes (describe below) TDS amount 147 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CLACKAMAS Twp 4.00 S N/S Range 1.00 E E/W WMSec 6 NE 1/4 of the SE 1/4 Tax Lot 1500Tax Map Number 41E06

Lot _____

Lat _____ ° _____ ' _____ " or 45.25197200 DMS or DDLong _____ ° _____ ' _____ " or -122.72788790 DMS or DD☒ Street address of well ☐ Nearest address6723 S ANDERSON RD, AURORA**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>9/24/2026</u>			<u>19</u>
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 24.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/17/2026	24	53	30			19
9/18/2026	72	78	15			19
9/18/2026	94	104	100			19

(11) WELL LOGGround Elevation 99.99 FT

Material	From	To
Topsoil	0	1
Clay, brown, gritty	1	8
Gravel, multicolored, medium, w/sand, gray, medium	8	24
Gravel, gray, medium-large	24	48
Sand, multicolored, medium, packed	48	57
Clay, gray, sticky	57	60
Clay, brown, gritty	60	69
Clay, gray, sandy	69	72
Claystone, gray, broken w/ seams sandy, gray, fine	72	78
Clay, gray, sandy	78	94
Sand, gray, medium	94	104

Construction

Begin Date 9/17/2026 Begin Time 13 00 End Date 9/24/2026**(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 2003 Date 9/28/2026Signed 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 10/1/2026Signed 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.

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

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10/1/2026

Map of Hole

