

STATE OF OREGON
WATER SUPPLY WELL REPORT

COLU 56354

WELL I.D. LABEL# L

156242

START CARD #

1083118

ORIGINAL LOG #

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

9/18/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name CASEY

Last Name PECK

Company _____

Address 20835 SCAPPOOSE-VERNONIA HWY

City SCAPPOOSE State OR Zip 97056

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)

Depth of Completed Well 130.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	58	Bentonite Chips	0	18	9	P
6	58	130			Calculated	9	
					Calculated		

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

Backfill placed from 60 ft. to 130 ft. Material PEA GRAVEL

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 8/8/2026 Begin Time 12 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	☒ 1.5 58 0.250	ST	☒		OUT. 58
L	4	☐ 0 130 Sch40	PL		☒	

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

Perforations Method SAW CUT

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	100	120	.25	4	80	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	5		110	1

Temperature 48 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 600 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County COLUMBIA Twp 5.00 N N/S Range 4.00 W E/W WM

Sec 23 NE 1/4 of the SE 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.90077000 DMS or DD

Long _____ ° _____ ' _____ " or -123.13770000 DMS or DD

☒ Street address of well ☐ Nearest address

20835 SCAPPOOSE-VERNONIA HWY, SCAPPOOSE, OR 97056

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/20/2026			32
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 100.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/18/2026	100	110	5			32

(11) WELL LOG

Ground Elevation 595.51 FT

Material	From	To
BRN CLAY	0	3
BLUE CLAY STONE	3	12
GREEN SANDSTONE	12	24
BLUE SAND STONE	24	30
CLAY STONE CEMENTED GRAVEL	30	34
SAND STONE BLUE	34	38
GRAY SAND STONE	38	45
CLAY STONE GRAY	45	130

Construction

Begin Date 8/6/2026 Begin Time 08 21 End Date 8/20/2026

(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 _____ Date _____

Signed _____

(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 1480 Date 9/14/2026

Signed ARTHUR MCMULLEN (E-filed)

Drilling Company: MCMULLEN 503-397-2356

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

COLU 56354

9/18/2026

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: 45.90077000 Datum: WGS84

Longitude: -123.13770000

Township/Range/Section/Quarter-Quarter Section:

WM5.00N4.00W23NESE

Address of Well:

20835 SCAPPOOSE-VERNONIA HWY, SCAPPOOSE, OR 97056

Well Label: 156242

Printed: September 18, 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

