

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
COLU 56358
WELL I.D. LABEL# L
157227
START CARD #
1083491
ORIGINAL LOG #
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)
9/22/2026
(1) LAND OWNER

Owner Well I.D. _____

 First Name AARON & KATHERINE Last Name LOTHROP

Company _____

 Address 52167 SE 8TH ST

 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
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 201.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	30	Bentonite Chips	0	6	5	S	
6	30	201				Calculated	2.74	
			Cement with 3% Bento	6	22	940	P	
						Calculated	325.49	

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

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

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

 Explosives used: ☐ Type _____ Amount _____

 Seal Placement Begin Date 9/10/2026 Begin Time 07 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	☒	2	201	0.250	ST	☒		OTH. 201
L	4		2	161	Sch40	PL		☒	
L	4		181	201	Sch40	PL		☒	

 Temp casing ☒ Yes Dia 10 From + ☒ 3 To 22
(7) PERFORATIONS/SCREENS

 Perforations Method Air Knife

 Screens Type Quilok Material pvc

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	140	160	.25	1	260	
Screen	Liner	4	161	181	.32			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	16		201	2

 Temperature 59 °F Lab analysis ☐ Yes By _____

 Water quality concerns? ☐ Yes (describe below) TDS amount 80 ppm
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)

 County COLUMBIA Twp 3.00 N N/S Range 2.00 W E/W WM

 Sec 23 NW 1/4 of the NE 1/4 Tax Lot 404

Tax Map Number _____ Lot _____

Lat _____ " or 45.73426716 DMS or DD

Long _____ " or -122.89582809 DMS or DD

☐ Street address of well ☒ Nearest address

32710 SW CALLAHAN RD (NEAREST)
(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/10/2026			99
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

 Depth water was first found 139.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/10/2026	139	201	16			99

(11) WELL LOG

 Ground Elevation 232.28 FT

Material	From	To
top soil	0	2
brown gritty clay	2	33
gray sandy clay	33	46
sticky brown clay	46	85
gray sticky clay	85	102
multi colored gravel w agate	102	132
gray sticky clay	132	135
gray gritty sandy clay	135	139
gray sandstone fractured	139	201

Construction

 Begin Date 9/9/2026 Begin Time 08 00 End Date 9/10/2026
(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 2089 Date 9/22/2026

 Signed TYLER KYLE (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 1771 Date 9/22/2026

 Signed GEORGE YOUNGBERG (E-filed)

 Drilling Company: Youngberg Pump & Well Drilling LLC ph 503-630-3970

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 56358

9/22/2026

Map of Hole

