

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

LINC 54944

WELL I.D. LABEL# L

158355

START CARD #

1083184

ORIGINAL LOG #

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

8/16/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name DAVID & BARBRA Last Name THEURER

Company _____

Address 3791 CLEM RDCity BURNTWOODS State OR Zip 97326**(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:

	From	To	Amt	sacks/lbs

(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 60.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	18.5	Cement	0	18.5	5	S	
6	18.5	60			Calculated	5		
					Calculated			

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/10/2026 Begin Time 16 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	18.5	0.250	ST	☒			
L	4		0	60	SDR26	PL	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method .250 round holes drilled

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		4	20	60	.25	0.25	200	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	0.5		60	1

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 170 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LINCOLN Twp 11.00 S N/S Range 8.00 W E/W WMSec 13 SE 1/4 of the SW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.61085376 DMS or DD

Long _____ ° _____ ' _____ " or -123.60830893 DMS or DD

☒ Street address of well ☐ Nearest address3791 CLEM RD, BURNTWOODS, OR 97326**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/10/2026			22
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 45.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/10/2026	45	46	0.5			22

(11) WELL LOGGround Elevation 720.03 FT

Material	From	To
brown top soil	0	2
brown sticky clay	2	4
brown clay stone	4	7
blue sticky clay	7	9
blue sandy clay	9	10
blue sand stone	10	45
white sand stone fractured	45	46
gray sand stone	46	52
blue sand stone	52	60

Construction

Begin Date 8/10/2026 Begin Time 09 00 End Date 8/10/2026**(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 _____ 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 1753 Date 8/16/2026Signed CLINTON KINNEY (E-filed)Drilling Company: corvallis drilling co 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.

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs
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(5) BORE HOLE CONSTRUCTION

BORE HOLE

SEAL

sacks/
lbs

Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size
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(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
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Flow rate (L/min)	Gas (mm)	Flow rate (L/min)	Flow rate (L/min)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name

Type

#

SCOTT KINNEY	WATER	1283

Comments/Remarks

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

LINC 54944

8/16/2026

Map of Hole

