

STATE OF OREGON
WATER SUPPLY WELL REPORT

LINN 65217

WELL I.D. LABEL# L

Page 1 of 2

START CARD #

1082920

ORIGINAL LOG #

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

8/12/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company BEAR CREEK HOLDINGS LLC

Address 11101 W. 120TH AVE. STE. 200

City BLOOMFILED State CO Zip 80021

(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 0.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	19	Bentonite	0	135	47	S
6	19	135			Calculated	46	
					Calculated		

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

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 8/7/2026 Begin Time 16 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

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size

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

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

Temperature _____ °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 14.00 S N/S Range 3.00 W E/W WM

Sec 2 SE 1/4 of the SE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 44.37463886 DMS or DD

Long _____ " or -123.01141424 DMS or DD

☒ Street address of well ☐ Nearest address

34363 LAKE CREEK DR. - BROWNSVILLE, OR 97327

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well				

Flowing Artesian? ☐ Dry Hole? ☒

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG

Ground Elevation 314.49 FT

Material	From	To
Top soil	0	1
Brown clay w/large sand & gravel	1	11
Large grey sand & gravel	11	18
Grey clay	18	42
Brown clay	42	58
Grey clay	58	85
Brown claystone	85	90
Grey clay	90	115
Brown clay	115	122
Soft conglomerate clay	122	135

Construction

Begin Date 8/5/2026 Begin Time 09 00 End Date 8/7/2026

(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 2050 Date 8/12/2026

Signed JACOB HAYES (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 1684 Date 8/12/2026

Signed BRET JONES (E-filed)

Drilling Company: Jones 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.

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

LINN 65217

8/12/2026

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: 44.37463886 Datum: WGS84

Longitude: -123.01141424

Township/Range/Section/Quarter-Quarter Section:

WM14.00S3.00W2SESE

Address of Well:

34363 LAKE CREEK DR. - BROWNSVILLE, OR 97327

Startcard: 1082920

Printed: August 12, 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

