

STATE OF OREGON
WATER SUPPLY WELL REPORT

LINN 65233

WELL I.D. LABEL# L

158085

START CARD #

1083220

ORIGINAL LOG #

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

9/3/2026

(1) LAND OWNER

Owner Well I.D. DR-3877

First Name JEFFLast Name VANDIVER

Company _____

Address 29731 BARTLES CREEK DRIVECity LEBANONState ORZip 97355**(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 183.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
10	0	79	Bentonite	0	79	37	S	
6	79	183			Calculated	36.06		
					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 8/28/2026 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
C	6	☒	1.4	79	0.250	ST	☒		OUT.	79
L	4.5		3	183	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
		4.5	122	181	.125	6	108	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	22		175	1

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 83 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LINN Twp 13.00 S N/S Range 2.00 W E/W WMSec 12 SW 1/4 of the NE 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.45631736 DMS or DD

Long _____ ° _____ ' _____ " or -122.87257119 DMS or DD

☒ Street address of well ☐ Nearest address
29731 BARTELS CREEK DRIVE
LEBANON, OR 97355
(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/31/2026			20
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 136.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/31/2026	136	183	22			20

(11) WELL LOGGround Elevation 695.72 FT

Material	From	To
Topsoil	0	2
Clay Brown	2	16
Clay Blue w/ Grit	16	26
Clay Light Gray	26	34
Sandstone Gray Soft	34	42
Sandstone Gray/Blue Conglomerate	42	54
Sandstone Blue/Gray Medium	54	89
Basalt Black	89	96
Sandstone Gray/Blue	96	132
Basalt Black	132	136
Basalt Black w/ Gray Sandstone Layers	136	144
Sandstone Gray/Blue Fractured	144	183

Construction

Begin Date 8/27/2026 Begin Time 09 00 End Date 8/31/2026**(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 2107 Date 9/3/2026Signed KYLE MOORE (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 664 Date 9/3/2026Signed CHARLES NUGENT (E-filed)Drilling Company: Nugent Drilling Co. Lebanon OR. 541-258-7816

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

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
			Calculated				
			Calculated				
			Calculated				
			Calculated				

FILTER PACK			
From	To	Material	Size

(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)

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	#
KALEB BRADLEY	HELPER WATER	8888995
CHARLES NUGENT	WATER AND MONITORING	664

Comments/Remarks

Certa Lok Clic Liner was used in this well. Gallons per minute may fluctuate slightly.

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

LINN 65233

9/3/2026

Map of Hole

