

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
MARI 71663
WELL I.D. LABEL# L

141628

START CARD #

1076756

ORIGINAL LOG #

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

6/5/2025
(1) LAND OWNER

Owner Well I.D.

First Name MERLE

Last Name STUZMAN

Company

Address 17880 BOONES FERRY RD. NE

City HUBBARD State OR Zip 97031
(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
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material				From	To	Amt sacks/lbs		

Seal:

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(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ 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 198.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	36	Bentonite Chips	0	36	21	S
8	36	198			Calculated	20	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: OAR 690-210-0340

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 3/6/2025 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	Shoe Location
C	8	<input checked="" type="checkbox"/>	1.5	145.25	0.250	ST	<input checked="" type="checkbox"/>		OUT.	145.25
C	6		192.58	198	0.250	ST	<input checked="" type="checkbox"/>			

Temp casing ☐ Yes Dia _____ From+ ☐ _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type v wire Material stainless steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Casing	8	141.66	154.66	.045			Telescope
Screen	Casing	8	154.66	173.64	.015			Telescope
Screen	Casing	8	173.64	192.58	.015			Telescope

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	500		190	4

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 119 ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County MARION Twp 4.00 S N/S Range 1.00 W E/W WM

Sec 32 NW 1/4 of the SE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 45.17881123 DMS or DD

Long _____ " or -122.83152662 DMS or DD

☒ Street address of well ☐ Nearest address

17880 BOONES FERRY RD. NE, HUBBARD, OR 97031
(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	<u>5/9/2025</u>			<u>31</u>
Flowing Artesian?	<input type="checkbox"/>	Dry Hole?	<input type="checkbox"/>	

WATER BEARING ZONES

Depth water was first found 85.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/10/2025	83	87	20			31
3/15/2025	102	198	500			31

(11) WELL LOG

Ground Elevation 185.09 FT

Material	From	To
top soil	0	1
brown clay medium	1	19
grey brown clay medium	19	38
dark grey clay medium	38	56
dark grey silt	56	74
grey clay sticky	74	78
grey silt and sand	78	83
black sand tight	83	87
grey clay sticky	87	98
brown clay sandy hard	98	102
black sand and gravel heaves	102	127
black sand and gravel 60 to 80% gravel	127	142
black sand and gravel cemented	142	147
black sand and gravel 90% gravel 6 inch	147	152
black sand med to course 10 to 20% gravel	152	169
black sand and gravel 60% gravel	169	176
black sand medium some gravel	176	196
grey clay medium sandy	196	198

Construction

Begin Date 3/5/2025 Begin Time 09 00 End Date 5/9/2025
(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 2041 Date 5/18/2025

Signed TRAVIS RUSH (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 783 Date 6/5/2025

Signed IVAN GROSSEN (E-filed)

Drilling Company: grossen well drilling

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.

7" to 8" packer welded to top off
8" telescoping screen from 141ft to 141.66 ft
lift bar at 191ft
bottom plate at 198ft

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

MARI 71663

6/5/2025

Map of Hole

