

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 71784

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

8/27/2025

WELL I.D. LABEL# L

156267

START CARD #

1078525

ORIGINAL LOG #

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(1) LAND OWNER

First Name TERRY Last Name BEILKE
Company _____
Address PO BOX 9068
City BROOKS State OR Zip 97305

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material								
Seal:								

(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 301.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To		
16	0	55	Bentonite	0	1	2	S
12	55	301				Calculated	1
			Cement	1	52	30	S
						Calculated	21.42

Seal placement method: A B C D E Other: BENTONITE

Backfill placed from 52 ft. to 55 ft. Material SAND & GRAVEL

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

Explosives used: Type _____ Amount _____

Seal Placement Begin Date 8/15/2025 Begin Time 15 30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Mat. Shoe

C/L	Dia	+	From	To	Gauge	Type	Wld	Thrd	Shoe	Location
C	12	<input checked="" type="checkbox"/>	1	301	0.375	ST	<input checked="" type="checkbox"/>		OUT.	301

Temp casing Yes Dia 16 From+ 1 To 54

(7) PERFORATIONS/SCREENS

Perforations Method Mills knife

Perf	Casing	12	175	290	.375	Scrn/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)
Pump	800	32	168	4

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 190 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 6.00 S N/S Range 2.00 W E/W WM

Sec 16 NW 1/4 of the NW 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat ° ' " or 45.05390000 DMS or DD

Long ° ' " or -122.94780000 DMS or DD

Street address of well Nearest address

9410 PORTLAND RD NE, BROOKS

(10) STATIC WATER LEVEL

Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	8/27/2025		57

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 68.00

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

8/18/2025	68	292	800		57

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil	0	1.5
clay tan	1.5	39
clay grey	39	68
sand brown	68	84
sand & gravel grey	84	112
sand & gravel brown cemented	112	127
gravel with clay brown	127	134
silty sand brown & grey	134	147
gravel cemented grey with some clay	147	167
gravel & sand grey medium coarse	167	182
gravel with clay & sand grey	182	188
cemented gravel grey	188	213
gravel semi loose with sand	213	228
cemented gravel grey with some clay	228	258
cemented gravel brown	258	292
cemented gravel with clay grey & siltstone conglom	292	301

Construction _____

Begin Date 7/15/2025 Begin Time 09 45 End Date 8/27/2025

(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 _____ 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 688 Date 8/27/2025

Signed STEVEN STADELI (E-filed)

Drilling Company: Westerberg Drilling Inc

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(2a) PRE-ALTERATION

(5) BORE HOLE CONSTRUCTION

(6) CASING/LINER

(7) PERFORATIONS/SCREENS

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

Water Quality Concerns

(10) STATIC WATER LEVEL

(11) WELL LOG

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

MIKE HAMILTON	HELPER WATER	8888965
CODY STEPHENSON	HELPER WATER	8888962

Comments/Remarks

This well was drilled under Water Right Transfer T-14404

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

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8/27/2025

Map of Hole

