

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 71838

WELL I.D. LABEL# L

156269

START CARD #

1077369

ORIGINAL LOG #

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

10/3/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name JAN

Last Name HUPP

Company DRAKES CROSSING NURSERY

Address 19775 GRADE RD. SE

City SILVERTON

State OR

Zip 07381

(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 ☐ 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 735.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	18	Cement	0	18	18	S
10	18	465	Calculated			14	
8	465	740	Cement	18	462	138	S
			Calculated			124	

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

Backfill placed from 462 ft. to 465 ft. Material ROCK CUTTINGS

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 9/19/2025 Begin Time 08 45

(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	☒ 1.75 465 0.250	ST	☒			
C	12	☒ 1 18 0.250	ST	☒		OUT.	465

Temp casing ☒ Yes Dia 16 From + ☐ 0 To 5

(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)
Air	52		735	1.5

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 110 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 7.00 S N/S Range 1.00 E E/W WM

Sec 21 NE 1/4 of the NW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or 44.95207000 DMS or DD

Long _____ " or -122.69506000 DMS or DD

☒ Street address of well ☐ Nearest address

1700 SILVER SPRINGS LANE NE SILVERTON

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/24/2025			371.83
Flowing Artesian?		☐	Dry Hole?	
		☐		

WATER BEARING ZONES

Depth water was first found 59.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/8/2025	59	71	2			59
7/9/2025	290	319	5			226
7/11/2025	546	706	52			371.83

(11) WELL LOG

Ground Elevation 1341.32 FT

Material	From	To
Gravel	0	3
Basalt Grey Hard	3	34
Basalt Grey & Brown Vesicular	34	42
Basalt Grey Hard	42	59
Basalt Grey Slightly Vesicular	59	71
Basalt Grey Hard	71	116
Basalt Grey & Brown Weathered & Vesicular	116	134
Basalt Grey Hard	134	141
Basalt Brown Weathered	141	147
Basalt Grey & Brown Hard	147	162
Basalt Brown & Yellow Weathered	162	188
Basalt Brown Grey	188	197
Basalt Grey Hard	197	233
Basalt Brown & Grey	233	248
Basalt Grey Hard	248	263
Basalt Brown & Yellow Weathered	263	290
Basalt Grey & Brown some Weathered Streaks	290	319
Basalt Grey Hard	319	409
Basalt Grey & Brown	409	418

Construction

Begin Date 7/7/2025 Begin Time 11 15 End Date 9/24/2025

(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 10/3/2025

Signed STEVEN STADELI (E-filed)

Drilling Company: Westerberg Drilling, 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

MARI 71838

10/3/2025

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: 44.95207000 Datum: WGS84

Longitude: -122.69506000

Township/Range/Section/Quarter-Quarter Section:
WM7.00S1.00E21NENW

Address of Well:

1700 SILVER SPRINGS LANE NE SILVERTON

Well Label: 156269

Printed: October 2, 2025

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

