

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 71853

WELL I.D. LABEL# L

148582

START CARD #

1079621

ORIGINAL LOG #

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

10/11/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name CHRISTOPHER Last Name JOSLIN

Company _____

Address 6518 SHERMAN RD SE

City AUMSVILLE State OR Zip 97325

(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 122.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	10	Bentonite Chips	0	10	5	S
10	10	100	Calculated			5	
6	100	122	Cement with 4% Bently	10	100	30	S
			Calculated			22	

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

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 9/16/2025 Begin Time 15 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	6	☒ 2 100	0.250	ST	☒		OUT.	100
L	4.5	☐ 3 122	Sch40	PL	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 15

(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
Perf	Liner	4.5	82	122	.125	6.5	40	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	30		115	1

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 52 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 8.00 S N/S Range 1.00 W E/W WM

Sec 20 NE 1/4 of the SE 1/4 Tax Lot 1300

Tax Map Number _____ Lot _____

Lat _____ " or 44.85983962 DMS or DD

Long _____ " or -122.82499068 DMS or DD

☒ Street address of well ☐ Nearest address

6518 SHERMAN RD SE, AUMSVILLE, OR 97325

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/19/2025			79
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 113.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/15/2025	113	122	30			79

(11) WELL LOG

Ground Elevation 426.18 FT

Material	From	To
Top soil	0	1
Silt brown fill	1	3
Clay brown firm W/rocks large	3	5
Clay brown firm and sticky	5	22
Basalt grey broken and fractured	22	37
Clay silty brown soft	37	41
Basalt grey fractured and broken	41	71
Basalt Black soft broken	71	90
Basalt light grey firm extra hard	90	113
Basalt dark grey and green broken	113	122

Construction

Begin Date 9/12/2025 Begin Time 10 00 End Date 9/19/2025

(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 1725 Date 10/11/2025

Signed TROY REYNOLDS (E-filed)

Drilling Company: All Seasons Welldrilling

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

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10/11/2025

Map of Hole

