

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 71859

WELL I.D. LABEL# L

141630

START CARD #

1077660

ORIGINAL LOG #

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

10/21/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name BRANDON

Last Name DAVIDSON

Company BC HOP RANCH

Address 5538 LEBURN, RD.

City WOODBURN

State OR

Zip 97071

(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:

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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 326.25 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
20	0	37	Bentonite Chips	0	37	49	S	
16	37	326.25			Calculated	45.6		
					Calculated			

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

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

Filter pack from 279 ft. to 326.25 ft. Material PEA GRAVEL Size pea gravi

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 6/10/2025 Begin Time 10 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	16	☒	2	278	0.375	ST	☒		OUT.	278
L	12		252.56	326.25	0.250	ST	☒			

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	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	12	279.25	293.25	.04			Pipe Size
Screen	Liner	12	293.25	313.25	.21			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	600	143.2	240	4

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 122 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 4.00 S N/S Range 2.00 W E/W WM

Sec 28 SE 1/4 of the SW 1/4 Tax Lot 1800

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.18863613 DMS or DD

Long _____ ° _____ ' _____ " or -122.94276529 DMS or DD

☒ Street address of well ☐ Nearest address

18711 FRENCH PRAIRE RD. NE SAINT PAUL OR 97137

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/29/2025			91.91
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 116.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/18/2025	116	119	12			92
7/14/2025	278	320	600			101

(11) WELL LOG

Ground Elevation 174.52 FT

Material	From	To
brown clay medium	0	34
brown clay medium sticky	34	52
grey clay soft sticky	52	66
dark grey silt sandy hard	66	75
fine black sand and silt very hard	75	96
black sand and dark grey clay	96	104
sand and gravel clay grey	104	116
black sand silt	116	119
black sand and grey clay	119	131
blue grey clay sticky	131	141
grey clay sticky	141	154
dark grey clay hard sticky	154	172
blue grey clay medium	172	182
grey clay sandy	182	189
blue grey clay sticky	189	194
grey clay sandy	194	210
black sand and gravel and clay	210	211
dark grey clay hard sticky	211	235
dark grey clay	235	254

Construction

Begin Date 6/6/2025 Begin Time 09 30 End Date 9/29/2025

(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 10/14/2025

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 10/21/2025

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.

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

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10/21/2025

Map of Hole

