

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 71991

WELL I.D. LABEL# L

141632

START CARD #

1079856

1/12/2026

ORIGINAL LOG #

Page 1 of 3

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

(1) LAND OWNER

Owner Well I.D.
First Name BRENT Last Name DEARMOND
Company DEARMOND FAMILY LLC
Address 30855 S KAUFMAN RD.
City CANBY State OR Zip 97013

(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 checked="" type="checkbox"/>	<input checked="" 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 110.66 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	35	Bentonite Chips	0	35	42	S
16	35	110.66				Calculated	40.5
						Calculated	

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

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

Filter pack from 65.64 ft. to 92.64 ft. Material PEA GRAVEL Size pea gravel

Explosives used: Type _____ Amount _____

Seal Placement Begin Date 10/7/2025 Begin Time 14 30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Mat. Shoe
Type Wld Thrd Location

C/L	Dia	+	From	To	Gauge	ST	<input checked="" type="checkbox"/>				
C	12	<input checked="" type="checkbox"/>	2.41	110.66	0.250		<input checked="" type="checkbox"/>				
C	16	<input checked="" type="checkbox"/>	1.5	65.5	0.375	ST	<input checked="" type="checkbox"/>				
								OUT.	65.5		

Temp casing Yes Dia From+ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Perf/ Screen	Casing/ Screen	Type	v wire	Material	stainless steel	Tele/ Pipe size
Screen	Casing	12	65.64	79.64	.18	
Screen	Casing	12	79.64	92.64	.08	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	71.5	40.8	85	4

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 109 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 10 SW 1/4 of the SW 1/4 Tax Lot 700

Tax Map Number Lot

Lat ° ' " or 45.23399778

Long ° ' " or -122.80384864

DMS or DD

Street address of well Nearest address

APPROX 12601 EHLEN RD., AURORA, OR 97002

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	12/13/2025			39

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 64.00

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

10/10/2025	64	80	50		40
10/13/2025	84	93	50		41

(11) WELL LOG

Ground Elevation 186.86 FT

Material	From	To
brown clay medium	0	32
grey clay medium sticky	32	43
grey silt soft	43	52
dark grey clay sticky	52	60
dark grey clay sticky and black sand	60	64
black sand and gravel some clay	64	66
loose brown sand and gravel 50% gravel	66	74
brown sand and gravel 20 gravel	74	80
brown clay medium	80	84
brown sand medium to fine tight	84	93
brown clay medium	93	104
brown clay sticky hard	104	109
grey clay hard	109	110
black basalt	110	110.66

Construction

Begin Date 10/6/2025 Begin Time 11 00 End Date 12/13/2025

(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 1/3/2026

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 1/12/2026

Signed IVAN GROSSEN (E-filed)

Drilling Company: grossen well drilling

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

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Map of Hole

