

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
MARI 72199
WELL I.D. LABEL# L

156293

START CARD #

1082559

ORIGINAL LOG #

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

7/22/2026
(1) LAND OWNER

Owner Well I.D.

First Name **BENITO**

Last Name **MENDOZA**

Company **MENDOZA FAMILY GROWERS LLC**

Address **PO BOX 707**

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

☐ 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 **185.00** ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	60	Bentonite	0	10	6.5	S
6	60	185			Calculated	4.2	
			Cement	10	60	26.5	S
					Calculated	14	

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

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

Filter pack from **109.5** ft. to **185** ft. Material **SILICA SAND** Size **8/12,6/9**

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date **6/26/2026** Begin Time **10** **00**
(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	149.5	0.250	ST	☒		OUT.	184
L	4		109.5	151	CL 200	PL	☒			
L	4		181	185	CL 200	PL	☒			

Temp casing ☒ Yes Dia **10** From + ☒ **1** To **60**
(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type **Wire Wrap** Material **Stainless Steel**

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	4	151	171	.06			Pipe Size
Screen	Liner	4	171	181	.04			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	65		145	1

Temperature **56** °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount **165** 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 **29** SE 1/4 of the **NE** 1/4 Tax Lot **800**

Tax Map Number _____ Lot _____

Lat _____ " or 45.19660000 DMS or DD

Long _____ " or -122.82973000 DMS or DD

☒ Street address of well ☐ Nearest address

19187 ALLINSON RD NE, HUBBARD, OR 97032

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	6/26/2026			77.08
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found **105.00**

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/22/2026	105	111	10			76
6/22/2026	134	146	5			78
6/26/2026	146	160	30			77.08
6/26/2026	160	179	35			77.08

(11) WELL LOG

Ground Elevation **183.62 FT**

Material	From	To
Soil	0	1
Clay Brown	1	20
Silt Brown	20	30
Silt Grey	30	45
Clay Grey Sticky	45	60
Silt Grey	60	70
Clay Grey Silty	70	79
Clay Grey Sticky	79	88
Sandy Clay Grey	88	92
Clay Grey Sticky	92	96
Packed Silt Brown	96	105
Sand & Gravel Grey	105	111
Claystone Grey Hard	111	134
Sand Grey fine to Medium	134	146
Sand & Gravel Grey	146	160
Sand Cemented & Loose	160	179
Packed Silt Grey	179	182
Caly Grey	182	185

Construction

Begin Date **6/19/2026** Begin Time **13** **00** End Date **6/26/2026**
(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 **1358** Date **7/22/2026**

Signed **BYRON STADELI (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 **1487** Date **7/22/2026**

Signed **DANIEL STADELI (E-filed)**

Drilling Company: **R. Stadel & Sons, Well & Pump, 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.

6" drive shoe cut off 181.5' - 184

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

MARI 72199

7/22/2026

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: 45.19660000 Datum: WGS84

Longitude: -122.82973000

Township/Range/Section/Quarter-Quarter Section:
WM4.00S1.00W29SENE

Address of Well:

19187 ALLINSON RD NE, HUBBARD, OR 97032

Well Label: 156293

Printed: June 29, 2026

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

