

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 72203

WELL I.D. LABEL# L

162102

START CARD #

1082890

ORIGINAL LOG #

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

7/28/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name TINA

Last Name MAY

Company _____

Address 23047 WAGNER LANE

City LYONS

State OR

Zip 97358

(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

☐ Reverse Rotary ☒ Other UNDER-REAMING

(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 143.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	23	Bentonite Chips	0	23	12	S
6	23	98.5			Calculated	10.23	
5.5	98.5	143			Calculated		

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 7/24/2026 Begin Time 14 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	☒	1.5	98.5	0.250	ST	☒		IN.	98.5
L	4		3	143	SDR26	PL	☒			

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 20

(7) PERFORATIONS/SCREENS

Perforations Method Electric saw

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	123	143	.125	6	45	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	20		140	1

Temperature 54 °F Lab analysis ☒ Yes By Waterlab

Water quality concerns? ☐ Yes (describe below) TDS amount 94 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 9.00 S N/S Range 2.00 E E/W WM

Sec 7 SE 1/4 of the SE 1/4 Tax Lot 1200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.79595288 DMS or DD

Long _____ ° _____ ' _____ " or -122.60478135 DMS or DD

☐ Street address of well ☒ Nearest address

23047 WAGNER LANE, LYONS, OR 97358

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>7/27/2026</u>			<u>24</u>
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 24.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7/27/2026</u>	<u>24</u>	<u>85</u>	<u>15</u>			<u>24</u>
<u>7/27/2026</u>	<u>85</u>	<u>130</u>	<u>25</u>			<u>24</u>

(11) WELL LOG

Ground Elevation 750.79 FT

Material	From	To
Topsoil	0	2
Clay Brown	2	5
Clay Brown w/ Cobbles	5	7
Clay Brown	7	15
Clay Brown some Cobbles	15	21
Gravel and Sand Medium	21	40
Basalt Grey and Brown Broken	40	50
Sandstone Brown Fractured	50	52
Sandstone Grey Fractured and Broken Caving	52	85
Sandstone Grey Fractured w/ Brown Seams	85	143

Construction

Begin Date 7/24/2026 Begin Time 08 00 End Date 7/27/2026

(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 2090 Date 7/27/2026

Signed JACK BOLLER (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 1394 Date 7/28/2026

Signed EUGENE MACK (E-filed)

Drilling Company: Mack Drilling Company 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.

Under Ream Shoe used is a Mitsubishi Ring Style

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

MARI 72203

7/28/2026

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: 44.79595288 Datum: WGS84

Longitude: -122.60478135

Township/Range/Section/Quarter-Quarter Section:
WM9.00S2.00E7SESE

Address of Well:

23047 WAGNER LANE, LYONS, OR 97358

Well Label: 162102

Printed: July 27, 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

