STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

MARI 72241
8/17/2026

WELL I.D. LABEL# L 157720
START CARD # 1083153
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 6810
First Name _____ Last Name _____
Company JJ & H HOZEN TRUST
Address 379 MONITOR RD.
City SILVERTON State OR Zip 97381

(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:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(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 290.00 ft.

BORE HOLE

Dia	From	To
10	0	139
6	139	290

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	30	17	S
		Calculated	14	
Cement	30	139	35	S
		Calculated	31	

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Type _____ Amount _____
Seal Placement Begin Date 8/11/2026 Begin Time 17 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	139	0.250	ST	☒			
L	4.5		0	290	Sch40	PL	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Drilled 1/4" holes
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	160	290	.25	0.25	1000	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	43		289	1

Temperature 53 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 78 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 6.00 S N/S Range 1.00 W E/W WM
Sec 26 NE 1/4 of the SE 1/4 Tax Lot 301
Tax Map Number _____ Lot _____
Lat ____ ° ____ ' ____ " or 45.01671766 DMS or DD
Long ____ ° ____ ' ____ " or -122.76845733 DMS or DD
○ Street address of well ◉ Nearest address
MONITOR RD. - SILVERTON, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/12/2026			164

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 102.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/7/2026	102	150	3			90
8/10/2026	259	270	43			164

(11) WELL LOG

Ground Elevation 265.59 FT

Material	From	To
Top soil	0	2
Brown clay	2	7
Tank clay	7	10
Soft brown decomposed sandstone basalt	10	17
Decomposed basalt	17	25
Gray basalt	25	42
Broken gray basalt strips clay	42	68
Blue claystone	68	80
Brittle gray basalt	80	90
Black w/decomposed basalt	90	102
Black basalt	102	110
Gray basalt	110	150
Fractured black basalt	150	200
Gray basalt	200	239
Blue sandstone	239	250
Gray sandstone	250	259
Broken gray sandstone	259	260
Broken black basalt	260	289
Soft gray sandstone	289	290

Construction
Begin Date 8/6/2026 Begin Time 08 00 End Date 8/12/2026

(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 1888 Date 8/17/2026
Signed KENNETH GILLETT (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 1684 Date 8/17/2026
Signed BRET JONES (E-filed)
Drilling Company: Jones Drilling Co., 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.

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

MARI 72241

8/17/2026

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: 45.01671766 Datum: WGS84
Longitude: -122.76845733
Township/Range/Section/Quarter-Quarter Section:
WM6.00S1.00W26NESE
Address of Well:
MONITOR RD. - SILVERTON, OR

Well Label: 157720

Printed: August 17, 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