

STATE OF OREGON
WATER SUPPLY WELL REPORT

MARI 72317

WELL I.D. LABEL# L

157776

START CARD #

1083257

ORIGINAL LOG #

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

10/2/2026

(1) LAND OWNER

Owner Well I.D. 6813

First Name PAT

Last Name BEGGS

Company _____

Address 13239 MORROW LN. SE

City TURNER State OR Zip 97392

(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 _____

(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 297.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	23	Bentonite	0	22	29	S
15	23	120.5			Calculated	24.3	
10	120.5	300	Cement	22	95	40	S
					Calculated	38.9	

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

Backfill placed from 297 ft. to 300 ft. Material BENTONITE

Filter pack from 95 ft. to 120.5 ft. Material ROUND ROCK Size 1/2"

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 9/23/2026 Begin Time 12 05

(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	10	☒	2	120.5	0.250	ST	☒			

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Air perforator

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	10	98	118	.375	1	1600	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	80		260	1

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 21 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MARION Twp 8.00 S N/S Range 1.00 W E/W WM

Sec 17 NW 1/4 of the SE 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.87153160 DMS or DD

Long _____ ° _____ ' _____ " or -122.83044590 DMS or DD

☐ Street address of well ☒ Nearest address

SILVER FALLS HWY. -

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/30/2026			29.2
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 100.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/29/2026	100	180	100			29.2

(11) WELL LOG

Ground Elevation 576.56 FT

Material	From	To
Top soil	0	2
Red brown clay	2	14
Broken brown basalt	14	85
Brown weathered basalt w/clay	85	90
Hard brown basalt	90	96
Black basalt slightly broken	96	98
Black basalt	98	133
Red brown volcanics	133	150
Black basalt	150	245
Broken black & brown volcanics	245	252
Black basalt	252	282
Black basalt broken	282	290
Black basalt	290	300

Construction

Begin Date 9/10/2026 Begin Time 08 15 End Date 9/30/2026

(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 1411 Date 10/2/2026

Signed KURT MARTIN (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 10/2/2026

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

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10/2/2026

Map of Hole

