

WESTERBERG DRILLING INC.
PO BOX 1228
MOLALLA, OR 97038

WELL I.D. LABEL# I 138729
START CARD # 217024
ORIGINAL LOG #

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

(1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company Touchmark Dev. & Construction
Address 5150 SW Griffith Drive
City Beaverton State OR Zip 97005

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 450 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite and Cement seal data.

How was seal placed: Method [ ] A [X] B [X] C [ ] D [ ] E
[X] Other bent placed dry
Backfill placed from 450 ft. to 515 ft. Material hole slough
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 197.5
Temp casing [X] Yes Dia 12 From + [ ] 0 To 24

(7) PERFORATIONS/SCREENS
Perforations Method none
Screens Type Material

Table with columns: Perf/S casing/Screen, Dia, From, To, Scm/slot width, Slot length, # of slots, Tel/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows show test results.

Temperature 50 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 265 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County WASHINGTON Twp 1 S N/S Range 1 W E/W WM
Sec 1 NE 1/4 of the NW 1/4 Tax Lot 105
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[ ] Street address of well [ ] Nearest address
17 SW Miller Rd, Portland, OR 97225

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(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 02-09-2021 387.7
Flowing Artesian? [ ] Dry Hole? [ ]

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Shows water bearing zones.

(11) WELL LOG
Ground Elevation
Material From To
3/4 minus gravel 0 1
soil 1 2
clay brown soft 2 21
clay brown sticky 21 23
rock grey 23 26
lava red soft 26 32
soft drilling lost circulation brown & cavey 32 72
clay brown 72 110
soft rock - poor circulation 110 134
rock grey porous & fractured 134 152
rock hard grey & red 152 232
rock medium grey & red 232 254
rock red with green medium soft 254 285
rock red with grey medium hard 285 320
rock grey with red medium 320 423
rock grey with red 423 440
rock grey hard 440 450
clay red 450 465
clay reddish brown 465 475

Date Started 01-21-2021 Completed 02-11-2021

(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 04-07-2021

Signed

(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 688 Date 04-07-2021
Signed Steven M. Stahl
Contact Info (optional)

**WASH 79524**

**WATER SUPPLY WELL REPORT - continuation page**

**WESTERBERG DRILLING INC.**  
 PO BOX 1228  
 MOLALLA, OR 97038

WELL I.D. LABEL#	<b>138729</b>
START CARD #	<b>217024</b>
ORIGINAL LOG #	

**(2a) PRE-ALTERATION**

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

  

Material	From	To	Amt	sacks/lbs

**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL		sacks/ lbs
Dia	From	To	Material	From	
				Calculated	
				Calculated	
				Calculated	
				Calculated	

**FILTER PACK**

From	To	Material	Size

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

**(7) PERFORATIONS/SCREENS**

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

**Water Quality Concerns**

From	To	Description	Amount	Units

**(10) STATIC WATER LEVEL**

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

**(11) WELL LOG**

Material	From	To
clay brown	475	515

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**Comments/Remarks**

Lost circulation @ 34'  
 Regained @ 72' but poor circulation entire rest of hole  
 Couldn't blow much water out of well  
 Set 5 hp test pump & pumped 30 gpm  
 Clay from 450-515  
 Cave in below rock hole



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PUMP TEST FORM  
COVER SHEET

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**Owner Information:**

OWNER NAME/BUSINESS NAME: Touchmark Development & Construction		PHONE No.: 503-646-5186	ADDITIONAL CONTACT No.:
ADDRESS: 5150 SW Griffith Drive			
CITY: Beaverton	STATE: OR	ZIP: 97005	E-MAIL:

**Pump Test Conducted By (if Different From Owner):**

TEST CONDUCTED BY NAME: Weston Stadeli	QUALIFICATION: (SELECT) Pump Installer	LICENSE #:
COMPANY: Westerberg Drilling, Inc.	PHONE No.: 503-829-2526	ADDITIONAL CONTACT No.:
ADDRESS: PO Box 1228		
CITY: Molalla	STATE: OR	ZIP: 97038
E-MAIL: wdi@molalla.net		

**Tested Well Information (please attach well log(s) if available):**

WELL LOG # (EX: MARJ 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 138729					02/18/2021

(CONTINUED)

TWP (EX: 25S)	RNG (EX: 31E)	SEC (EX: 12)	QQ (EX: SE/SW)	SURVEYED LOCATION (EX: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (EX: 44.84473859)	LONGITUDE (EX: -123.02787000)
1S	1W	1	NE/NW			

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

**Nearby Wells and Streams:** Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
 If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
 If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (EX: MARJ 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)
WASH 8638	Approx 50' (Not Pumped - No pump installed)	N/A	N/A	N/A

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?  
 If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.  
 Well elevation is above the surface water body. Approximate distance: \_\_\_\_\_ ft.  
 Approximate elevation difference: \_\_\_\_\_ ft.

Was the test conducted during normal use of the well?  
 Please indicate where pumped water was discharged: Storm Drain  
 How far from the pumped well was water discharged? 110 ft.



Water-Level Measurement Method: Electric Tape      \*Verify here: { Airline: \_\_\_\_\_ psi \_\_\_\_\_ feet.  
Length of air line (if used): \_\_\_\_\_      { E-Tape: \_\_\_\_\_ feet.

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used):  
Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: \_\_\_\_\_  
HP: \_\_\_\_\_ Pump set at: \_\_\_\_\_ feet  
Pump idle time: \_\_\_\_\_

Discharge Measurement Method: Flowmeter  
Flowmeter (if used):  
Manufacturer: McCrometer Serial #: \_\_\_\_\_  
Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 2 feet.  
Description (e.g., top port of 1 inch port pipe, west side) Top of 3/4" sounder tube in center of well casing.

Time pump turned on: Date 02/18/2021 Time 8:00 AM  
Time pump turned off: Date 02/18/2021 Time 12:30 PM  
Total pumping time: 4 hours 30 minutes.

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Remember, your pump test may not be approved unless it meets the following criteria\*:

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- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:  
[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=1BdwLynsYAPNSQfW330ZjSFZuMscp4Hfl-1ftsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQfW330ZjSFZuMscp4Hfl-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186).

Submit forms to:      Attn: Certificates Section, Oregon Water Resources Department  
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to WRD\_DL\_pumpiestsupport@oregon.gov

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: Wesley Scott      DATE: 02/18/2021

OWNER SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.

OWRD 20200115



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PUMP TEST FORM  
DATA SHEET  
Page 1 of 2

WELL LOG # (Ex: MARI 99999)	WELL TAG # (Ex: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L- 138729			Touchmark Dev		02/18/2021

Date	Time	Time Since Pumping Started (min)	Depth to Water Below MP	Discharge Rate (gpm, cfs, <small>gpm</small> )	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
02/18/2021	7:20 AM		389.9'	0	Pre-test			
	7:40		389.9'	0	Pre-test			
	8:00		389.9'	0	Pre-test			
	8:02	2 Min	428.83'	40	Pumping			
	8:04	4 Min	420.08'	50	Pumping			
	8:06	6 Min	413.5'	43	Pumping			
	8:08	8 Min	414.25'	40	Pumping			
	8:10	10 Min	410'	38	Pumping			
	8:15	15 Min	408.75'	41	Pumping			RECEIVED
	8:20	20 Min	408.08'	41	Pumping			APR 12 2021
	8:25	25 Min	415.25'	49	Pumping			
	8:30	30 Min	419.33'	41	Pumping			
	8:45	45 Min	409.66'	41	Pumping			OVRD
	9:00	1 Hr	411'	47	Pumping			
	9:15	1 H 15 M	418.5'	41	Pumping			
	9:30	1 H 30 M	412'	40	Pumping			
	9:45	1 H 45 M	408.5'	43	Pumping			
	10:00	2 Hr	405.66'	40.5	Pumping			
	10:15	2 H 15 M	401'	40	Pumping			
	10:30	2 H 30 M	400.7'	38	Pumping			
	10:45	2 H 45 M	400.4'	38	Pumping			
	11:00	3 Hr	397.9'	38	Pumping			
	11:15	3 H 15 M	397.08'	38	Pumping			
	11:30	3 H 30 M	388.66'	37	Pumping			
	11:45	3 H 45 M	397.4'	37	Pumping			
	12:00	4 Hr	397.08'	37	Pumping			
	12:15	4 H 15 M	397.66'	37.5	Pumping			
	12:30	4 H 30 M	398.83'	37.5	Pumping			
	12:32	2 Min	390.17'	0	Recovery			
	12:34	4 Min	390'	0	Recovery			
	12:36	6 Min	389.98'	0	Recovery			
	12:38	8 Min	389.95'	0	Recovery			
	12:40	10 Min	389.95'	0	Recovery			
	12:45	15 Min	389.93'	0	Recovery			





# INVOICE

PO Box 1228, Molalla, OR 97038 • Phone: (503) 829-2526 • Fax: (503) 829-7514

Date	Invoice No.
4/7/2021	21-9304

**Bill To:**  
 Touchmark Development & Construction  
 5150 Griffith Drive  
 Beaverton, OR 97005

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Job No.	Job Location	Terms	PO No.
Well #2	17 Miller Rd, Portland	due on receipt	8" Irrigation well

Quantity	Description	Rate	Amount
1	Movilization/demobilization	\$ 1,250.00	\$ 1,250.00
515	Ft of 8" drilling	\$ 38.00	\$ 19,570.00
197.5	Ft of 12" reaming	\$ 24.00	\$ 4,740.00
199	Ft of 8"x.250 steel well casing	\$ 27.00	\$ 5,373.00
1	8" casing drive shoe	\$ 275.00	\$ 275.00
96	Sacks of cement grout for seal	\$ 28.00	\$ 2,688.00
158	Sacks of bentonite for seal	\$ 20.00	\$ 3,160.00
1	Chlorinate well & install well cap	\$ 155.00	\$ 155.00
1	OR Water Resources start card/well log fee	\$ 325.00	\$ 325.00
1	Set 5hp test pump & perform 4 hour pump test (#1)	\$ 1,500.00	\$ 1,500.00
1	Labor & equipment to set 20 hp test pump & perform 4 hour pump test (#2)	\$ 6,400.00	\$ 6,400.00

Finance charge of 1.5% (\$5.00 min.) per month after 30 days	<b>Total Due</b>	<b>\$45,436.00</b>
Visa/MC/AmEx credit card payment can be submitted via phone by calling (503) 829-2526		

**Thank you for your business!**