

STATE OF OREGON
WATER SUPPLY WELL REPORT

WASH 83804

WELL I.D. LABEL# L

159116

START CARD #

1082779

ORIGINAL LOG #

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

8/12/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name ERICLast Name RECHT

Company _____

Address 36553 SW DIXON MILL RDCity CORNELIUSState ORZip 97113**(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 336.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	176	Bentonite	0	89	42	S
6	176	336			Calculated	40.62	
			Cement	89	176	28	S
					Calculated	23.35	

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

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/28/2026 Begin Time 12 15**(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	6	☒	2	176	0.250	ST	☒		OUT.	176
L	4.5		16	336	Sch40	PL	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method DRILLED

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		4.5	296	336	.5	0.5	80	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	45		200	0.5
Air	72		330	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 106 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County WASHINGTON Twp 1.00 S N/S Range 3.00 W E/W WMSec 28 SE 1/4 of the SE 1/4 Tax Lot 800

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.45119917 DMS or DD

Long _____ ° _____ ' _____ " or -123.05424124 DMS or DD

☐ Street address of well ☒ Nearest address36553 SW DIXON MILL RD CORNELIUS, OR 97113**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/30/2026			140.8
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 301.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/30/2026	301	334	72			140.8

(11) WELL LOGGround Elevation 711.47 FT

Material	From	To
BROWN FIRM CLAY	0	5
FIRM REDDISH BROWN CLAY	5	58
GRAY BROWN CLAY	58	63
BASALT FIRM BLACK	63	80
FRACTURED BLACK BASALT	80	92
FIRM GRAY BASALT	92	122
SOFT BLACK BASALT	122	163
FIRM GRAY BASALT	163	180
SOFT GRAY BLACK BASALT	180	217
MEDIUM GRAY BASALT	217	224
SOFT SLIGHTLY BROKEN BASALT	224	242
MEDIUM GRAY BASALT	242	271
FIRM BASALT GRAY BLACK	271	289
SOFT BLACK BASALT	289	297
GRAY BLUE SANDSTONE FIRM	297	301
GRAY BLACK SOFT BASALT VESIC	301	334
GRAY SANDY CLAY FIRM	334	336

Construction

Begin Date 7/20/2026 Begin Time 11 45 End Date 7/30/2026**(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 2036 Date 7/30/2026Signed KELVIN APPLEBEE (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 2023 Date 7/31/2026Signed MICHAEL APPLEBEE (E-filed)Drilling Company: ALPINE RESOURCES 503-647-2969

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

WASH 83804

8/12/2026

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: 45.45119917 Datum: WGS84

Longitude: -123.05424124

Township/Range/Section/Quarter-Quarter Section:
WM1.00S3.00W28SESE

Address of Well:

36553 SW DIXON MILL RD CORNELIUS, OR 97113

Well Label: 159116

Printed: July 31, 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

