

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
WASH 83807
WELL I.D. LABEL# L
161089
START CARD #
1083055
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 _____ Last Name _____

 Company **BETHANY BIBLE CHURCH**

 Address **18245 NW GERMANTOWN RD**

 City **PORTLAND** State **OR** Zip **97231**
(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 **344.00** ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	198	Bentonite	0	78	38	S
6	198	344			Calculated	35.6	
			Cement	78	198	34	S
					Calculated	32.21	

 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 **8/6/2026** Begin Time **08** **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	☒	2	198	0.250	ST	☒			
L	4.5		4	344	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	304	344	.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	9		300	0.5
Air	11		340	1

 Temperature **58** °F Lab analysis ☐ Yes By _____

 Water quality concerns? ☐ Yes (describe below) TDS amount **299** ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

 County **WASHINGTON** Twp **1.00** **N** **N/S** Range **1.00** **W** **E/W WM**

 Sec **7** **NW** 1/4 of the **SW** 1/4 Tax Lot **400**

Tax Map Number _____ Lot _____

 Lat _____ " or **45.58170724** DMS or DD

 Long _____ " or **-122.86539965** DMS or DD

☒ Street address of well ☐ Nearest address

18245 NW GERMANTOWN RD, PORTLAND, OR 97231
(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/7/2026			127
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

 Depth water was first found **308.00**

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/7/2026	308	338	11			127

(11) WELL LOG

 Ground Elevation **326.93 FT**

Material	From	To
BROWN FIRM CLAY	0	62
REDDISH BROWN CLAY	62	126
BROWN SANDY CLAY	126	128
BROWN CLAY W/ DECOMPOSED INTERBEDS	128	150
GRAY SANDY CLAY	150	158
DECOMPOSED BROWN BASALT	158	174
SOFT GRAY BROWN BASALT	174	181
FIRM GRAY BASALT	181	222
GRAY BROWN BASALT W/ OCC FRACTURES	222	246
GRAY BASALT VESIC	246	301
MEDIUM HARD GRAY BASALT	301	308
GRAY BLACK FIRM BASALT W/ SOFT STREAKS	308	344

Construction

 Begin Date **8/5/2026** Begin Time **07** **53** End Date **8/7/2026**
(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 **8/11/2026**

 Signed **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 **8/11/2026**

 Signed **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.

Comments/Remarks

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

WASH 83807

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: 45.58170724 Datum: WGS84

Longitude: -122.86539965

Township/Range/Section/Quarter-Quarter Section:

WM1.00N1.00W7NWSW

Address of Well:

18245 NW GERMANTOWN RD, PORTLAND, OR 97231

Well Label: 161089

Printed: August 11, 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

