

STATE OF OREGON
WATER SUPPLY WELL REPORT

WASH 83867

WELL I.D. LABEL# L

161091

START CARD #

1083515

ORIGINAL LOG #

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

9/18/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name JEFFLast Name MORRIS

Company _____

Address 26350 NW MORELAND RDCity NORTH PLAINSState ORZip 97106**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Std 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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 330.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	175	Bentonite	0	110	52	S
6	175	330			Calculated	50.2	
			Cement	110	175	18	S
					Calculated	17.45	

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 9/14/2026 Begin Time 11 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	☒ 1.5 175 0.250	ST	☒		OUT.	175
L	4.5	☐ 10 330 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	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4.5	310	330	.5	0.5	40	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	10		300	1

Temperature 59 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 150 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County WASHINGTON Twp 2.00 N N/S Range 2.00 W E/W WMSec 16 SW 1/4 of the SW 1/4 Tax Lot 6900

Tax Map Number _____ Lot _____

Lat _____ " or 45.65203000 DMS or DD

Long _____ " or -122.94610539 DMS or DD

☒ Street address of well ☐ Nearest address

26350 NW MORELAND RD, NORTH PLAINS, OR 97106

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/16/2026			260
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 310.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/16/2026	310	325	10			260

(11) WELL LOGGround Elevation 999.11 FT

Material	From	To
TOPSOIL W/ WOOD	0	2
TAN STICKY CLAY	2	12
FIRM BROWN CLAY	12	18
RED/BROWN STICKY CLAY	18	50
DECOMPOSED ROCK W/ TAN CLAY	50	76
SOFT RED/BROWN CLAY	76	78
MED MULTI COLOR SANDSTONE W/ TAN CLAY INNER BE	78	160
FIRM BLUE BASALT	160	255
GRAY/BROWN POROUS BASALT	255	270
FIRM BLUE BASALT	270	310
BLUE/BROWN POROUS BASALT	310	330

Construction

Begin Date 9/11/2026 Begin Time 07 04 End Date 9/16/2026**(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 2071 Date 9/18/2026Signed MITCHELL HERINCKX (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 9/18/2026Signed 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.

[illegible]

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

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9/18/2026

Map of Hole

