

STATE OF OREGON
WATER SUPPLY WELL REPORT

WASH 83873

WELL I.D. LABEL# L 154473

START CARD # 1083309

ORIGINAL LOG #

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

9/25/2026

(1) LAND OWNER

Owner Well I.D. 1

First Name TREVIS & KERI Last Name MUNSON

Company _____

Address 1043 S 32ND AVECity CORNELIUS State OR Zip 97119**(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 CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 103.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	38	Bentonite Chips	0	38	1250	P
6	38	183			Calculated	760	
					Calculated		

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 9/1/2026 Begin Time 16 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	☒	1.6	38.6	0.250	ST	☒			
L	4		5	183	SDR26	PL	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 2 To 30**(7) PERFORATIONS/SCREENS**Perforations Method DRILLED HOLES 1/2 INCH

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	83	163	.5	0.5	8	
Perf	Liner	4	163	173	.5	0.5	20	
Perf	Liner	4	173	183	.5	0.5	60	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	12		183	1
Pump	6	45	100	4

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 135 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County WASHINGTON Twp 1.00 S N/S Range 5.00 W E/W WMSec 24 NE 1/4 of the SE 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.46859600 DMS or DD

Long _____ ° _____ ' _____ " or -123.23844600 DMS or DD

☒ Street address of well ☐ Nearest address54486 ROBERTS SCHOOL ROAD GASTON OR 97119**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/15/2026			55

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 60.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/28/2026	60	100	6			50
9/5/2026	155	170	6			50

(11) WELL LOGGround Elevation 556.18 FT

Material	From	To
TOPSOIL BROWN CLAY	0	1
RED BROWN CLAY	1	8
SANDSTONE YELLOW TAN	8	12
YELLOW SANDSTONE CAVING CLAYEY	12	21
LIGHT GREY & BLUE GREY HEAVING STICKY CLAY	21	28
CLAYSTONE BLUE GREY	28	60
BLUE GREY CLAYSTONE FRACTURED	60	100
CLAYSTONE BLUE GREY	100	150
CLAYSTONE BLUE GREY & WHITE	150	154
BLUE GREY CLAYSTONE FRACTURED	154	170
MARINE ROCK BLACK COURSE GRAINED HARD	170	183

Construction

Begin Date 8/26/2026 Begin Time 10 50 End Date 9/15/2026**(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 _____ Date _____

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 1538 Date 9/25/2026Signed JOHN GAUNT (E-filed)Drilling Company: AJ GAUNT AND SON

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.

**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: 45.468596 Datum: WGS84

Longitude: -123.238446

Township/Range/Section/Quarter-Quarter Section:

WM 1S 5W 24 NESE

Address of Well:

54486 ROBERTS SCHOOL ROAD GASTON OR 97119

Well Label: L154473

Well Log: WASH 83873

Printed: September 30, 2026

DISCLAIMER: This map is intended to represent the approximate location of the exempt use well provided by the land owner. It is not intended to be construed as survey accurate in any manner.

Generated by OWRD

