

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
WASH 83882
WELL I.D. LABEL# L
159027
START CARD #
1083652
ORIGINAL LOG #
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)
10/6/2026
(1) LAND OWNER

Owner Well I.D. 26-33

 First Name PETER & PRICILLA Last Name DICKINSON

Company _____

 Address 34405 SW LARKINS MILL RD

 City HILLSBORO State OR Zip 97123
(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
					☐	☐	☐	☐

 Seal:

Material	From	To	Amt	sacks/lbs

(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 642.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	399	Bentonite Chips	0	137	61	S
6.25	399	605	Calculated			62.53	
6.1	605	642	Cement with 2% Bento	137	399	70	S
				Calculated		60.62	

 Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: BENT POURED-PROBE

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

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

 Explosives used: ☐ Type _____ Amount _____

 Seal Placement Begin Date 9/25/2026 Begin Time 14 30
(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	☒	1.25	399	0.250	ST	☒		OUT.	399
L	4.5		382	642	Sch40	PL		☒		

 Temp casing ☒ Yes Dia 10 From + ☐ 0 To 7
(7) PERFORATIONS/SCREENS

Perforations Method _____

 Screens Type slotted Material PVC

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	4.5	602	642	.032			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	25		640	2

 Temperature 53 °F Lab analysis ☐ Yes By _____

 Water quality concerns? ☐ Yes (describe below) TDS amount 115 ppm
 From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

 County WASHINGTON Twp 2.00 S N/S Range 3.00 W E/W WM

 Sec 2 NW 1/4 of the NW 1/4 Tax Lot 113

Tax Map Number _____ Lot _____

Lat _____ " or 45.43101700 DMS or DD

Long _____ " or -123.03224000 DMS or DD

☒ Street address of well ☐ Nearest address

34405 SW LARKINS MILL RD, HILLSBORO, OR 97123
(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/29/2026			409
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

 Depth water was first found 205.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/23/2026	205	378	2			205
9/24/2026	497	591	25			409

(11) WELL LOG

 Ground Elevation 790.08 FT

Material	From	To
top soil	0	1
clay brwn	1	7
clay reddish brwn w/some decomp rock soft	7	12
clay red stiff w/some decomp rock soft	12	37
decomp rock/wthrd brown soft	37	45
wthrd rock brown/gray soft	45	50
basalt wthrd brwn gray med	50	75
basalt gray med hrd fractured	75	92
basalt brwn/gray well fract some vesic	92	100
basalt gray med fract some vesic	100	127
basalt gray hrd slight fract	127	132
basalt gray/red/brwn vesicular	132	140
basalt gray med fract	140	169
basalt brwn med hrd	169	180
baslt gray med hrd fract	180	187
basalt gray med hrd occ fract	187	260
basalt gray med hrd slight fract	260	279
basalt gray/red/brwn vesic	279	289
basalt brwn fract/vesic	289	299

Construction

 Begin Date 9/23/2026 Begin Time 09 00 End Date 9/29/2026
(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 2111 Date 9/30/2026

 Signed RAY CONNOR (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 1483 Date 10/6/2026

 Signed JOHN STADELI (E-filed)

 Drilling Company: Arrow Drilling 503-538-4422

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 83882

10/6/2026

Map of Hole

