

STATE OF OREGON
WATER SUPPLY WELL REPORT

YAMH 59950

WELL I.D. LABEL# L

157726

START CARD #

1083076

ORIGINAL LOG #

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

8/19/2026

(1) LAND OWNER

Owner Well I.D. 6807

First Name ANDREWLast Name ARNOLD

Company _____

Address 7110 SE EOLA HILLS RD.City AMITY State OR Zip 97101**(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 505.00 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
10	0	119	Bentonite	0	119	58	S
6	119	505			Calculated	56	
					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 8/17/2026 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	119	0.250	ST	☒			
L	4.5		0	505	Sch40	PL	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method Drilled 1/4" holes

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	185	505	.25	0.25	3000	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	5		500	1

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 189 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County YAMHILL Twp 5.00 S N/S Range 4.00 W E/W WMSec 34 SE 1/4 of the NW 1/4 Tax Lot 3100

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.09452830 DMS or DD

Long _____ ° _____ ' _____ " or -123.16858960 DMS or DD

☒ Street address of well ☐ Nearest address7110 SE EOLA HILLS RD., AMITY, OR 97101**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/19/2026			218
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 72.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/12/2026	72	82	6			62
8/17/2026	260	280	2			218
8/18/2026	390	405	3			218

(11) WELL LOGGround Elevation 657.97 FT

Material	From	To
Top soil	0	2
Brown clay	2	4
Soft decomposed brown sandstone	4	35
Tan claystone iron fouled	35	55
Gray sandstone broken	55	72
Gray sandstone strips iron	72	82
Broken gray sandstone	82	100
Brown sandstone	100	110
Gray sandstone	110	390
Hard gray sandstone	390	405
Medium gray sandstone	405	505

Construction

Begin Date 8/12/2026 Begin Time 09 00 End Date 8/19/2026**(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 1888 Date 8/19/2026Signed KENNETH GILLET (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 1684 Date 8/19/2026Signed BRET JONES (E-filed)Drilling Company: Jones Drilling Co., Inc.

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

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Map of Hole

