

STATE OF OREGON
WATER SUPPLY WELL REPORT

YAMH 59958

WELL I.D. LABEL#	L 12530
START CARD #	1083343
ORIGINAL LOG #	

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

8/31/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name DAVE Last Name MARESH

Company _____

Address 9300 NE WORDEN HILL ROADCity DUNDEE State OR Zip 97115**(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 535.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	115	Cement	0	115	45	S	
6	115	565			Calculated	35		
					Calculated			

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☐ Other: _____Backfill placed from 535 ft. to 565 ft. Material SLOUGH

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/8/2026 Begin Time 09 00**(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	☒	2	115	0.250	ST	☒			

Temp casing ☒ Yes Dia 10 From + ☐ 0 To 55**(7) PERFORATIONS/SCREENS**Perforations Method Saw Cut

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrm/slot			Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	Pipe size
Perf	Liner	4.5	15	535	.25	5	1180	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	15		500	1
Pump	12	20	462	1

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 43 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County YAMHILL Twp 3.00 S N/S Range 3.00 W E/W WMSec 27 NW 1/4 of the SW 1/4 Tax Lot 1300

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.28103620 DMS or DD

Long _____ ° _____ ' _____ " or -123.05057534 DMS or DD

☒ Street address of well ☐ Nearest address9300 NE WORDEN HILL ROAD, DUNDEE, OR 97115**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/3/2026			243
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONESDepth water was first found 65.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/17/2026	65	107	1			65
8/3/2026	240	535	12			243

(11) WELL LOGGround Elevation 757.36 FT

Material	From	To
Clay, red, soft	0	9
Clay, brown, soft-medium	9	30
Clay, grey and brown, medium-hard	30	54
Basalt, grey, medium	54	95
Basalt, brown, medium	95	107
Basalt, grey, medium	107	240
Basalt, grey, medium, fractured	240	390
Basalt, brown, medium	390	415
Basalt, grey, medium-hard	415	491
Basalt, grey, hard	491	537
Claystone, yellow, soft	537	545
Claystone, grey, soft	545	565

Construction

Begin Date 6/15/2026 Begin Time 09 00 End Date 8/3/2026**(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 2077 Date 8/31/2026Signed MIKE MINGAY (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 1988 Date 8/31/2026Signed ERIC SCHNEIDER (E-filed)Drilling Company: Schneider Water Services

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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Map of Hole

