

STATE OF OREGON
WATER SUPPLY WELL REPORT

YAMH 59959

WELL I.D. LABEL# L

159742

START CARD #

1083231

ORIGINAL LOG #

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

9/1/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name DANLast Name CHAPMAN

Company _____

Address 6315 SE WHITESON RDCity 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 UNDER-REAMING**(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 160.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	40	Bentonite Chips	0	40	26	S
10	40	160			Calculated	22.68	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POUR-PROBE-H2O

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 12 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	8	☒ 2 159 0.250	ST	☒		OUT.	159

Temp casing ☒ Yes Dia 12 From + ☒ 1 To 6**(7) PERFORATIONS/SCREENS**Perforations Method Downhole Perforator

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	8	110	148	.25	1	560	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	285		158	5
Air	160		100	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 137 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 10 SW 1/4 of the NW 1/4 Tax Lot 1200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.15430629 DMS or DD

Long _____ ° _____ ' _____ " or -123.17215534 DMS or DD

☒ Street address of well ☐ Nearest address6315 SE WHITESON RD, AMITY, OR 97101**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/20/2026			30

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 30.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/20/2026	30	153	285			30

(11) WELL LOGGround Elevation 159.58 FT

Material	From	To
Topsoil	0	5
Clay, Brown silty	5	24
Clay, Dense blue-gray	24	56
Clay, Dense blue-gray sandy	56	64
Sand, Fine black w/ gray clay	64	69
Sand, Med-coarse black w/s fine gravels and wood	69	76
Gravels, Fine-med with fine-coarse black sand	76	86
Gravels, Fine-coarse w/s large and med sands	86	102
Sand, Fine black w/s fine gravels	102	107
Gravels, Fine-coarse w/s large and coarse sands	107	153
Clay, Dense sandy blue-gray w/s gravels	153	160

Construction

Begin Date 8/17/2026 Begin Time 10 00 End Date 8/20/2026**(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 1977 Date 8/21/2026Signed JOSE ESTRADA (E-filed)Drilling Company: bluewaterdrilling@gmail.com 503-868-7878

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.

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
			Calculated				
			Calculated				
			Calculated				
			Calculated				

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#
CHARLES ESTRADA	HELPER WATER	8888851

Comments/Remarks

Under-reaming through eluvial formation. Casing has open bottom.

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

YAMH 59959

9/1/2026

Map of Hole

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: 45.15430629 Datum: WGS84

Longitude: -123.17215534

Township/Range/Section/Quarter-Quarter Section:
WM5.00S4.00W10SWNW

Address of Well:

6315 SE WHITESON RD, AMITY, OR 97101

Well Label: 159742

Printed: August 21, 2026

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

