

STATE OF OREGON
WATER SUPPLY WELL REPORT

YAMH 59960

WELL I.D. LABEL# L	159743
START CARD #	1083297
ORIGINAL LOG #	

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

9/8/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name JUSTIN & MOLLY Last Name KIRKLAND
 Company _____
 Address 11325 NW OLD SOLDIERS RD
 City CARLTON State OR Zip 97111

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 267.50 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	38	Bentonite Chips	0	38	19	S
6	38	280			Calculated	17.34	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POUR-PROBE-H2OBackfill placed from 267.5 ft. to 280 ft. Material NATIVE CAVING

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/24/2026 Begin Time 15 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	38	0.250	ST	☒		OUT. 38
L	4		7.5	147.5	Sch40	PL		☒	
L	4		167.5	227.5	Sch40	PL		☒	
L	4		247.5	267.5	Sch40	PL		☒	

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 6**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type Machine Screen Material PVC

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	4	147.5	167.5	.032			Pipe Size
Screen	Liner	4	227.5	247.5	.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	5		260	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 281 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County YAMHILL Twp 3.00 S N/S Range 5.00 W E/W WMSec 23 SE 1/4 of the NE 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat _____ " or 45.29849610 DMS or DD

Long _____ " or -123.26417699 DMS or DD

☒ Street address of well ☐ Nearest address11325 NW OLD SOLDIERS RD, CARLTON, OR 97111**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/26/2026			39

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 18.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/24/2026	18	30	1			18
8/26/2026	45	220	5			39

(11) WELL LOGGround Elevation 306.82 FT

Material	From	To
Topsoil	0	4
Clay, Brown dense	4	9
Claystone, Firm brown weathered decayed	9	13
Siltstone, H gray w/ XH layers LT brown limestone	13	112
Same, XH fine sandstone	13	112
Sandstone, XH fine gray	112	121
Siltstone, H gray w/ XH layers LT brown limestone	121	187
Same, XH fine sandstone	121	187
Claystone, H gray w/ XH sandstone and white quartz	187	193
Siltstone, H gray w/ XH layers LT brown lime stone	193	250
Same, XH fine sandstone.	193	250
Siltstone, H gray broken caving	250	280

Construction

Begin Date 8/24/2026 Begin Time 11 00 End Date 8/26/2026**(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 9/2/2026Signed 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.

9/8/2026

[illegible][illegible][illegible][illegible][illegible]

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

Assistant Name	Type	#
CHARLES ESTRADA	HELPER WATER	8888851

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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

