

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

YAMH 59961

WELL I.D. LABEL# L

159744

START CARD #

1083375

ORIGINAL LOG #

(as required by ORS 537.545 &amp; 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 RDCity 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       

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 298.00 ft.

| BORE HOLE |      |     |                 | SEAL |            |      |           |
|-----------|------|-----|-----------------|------|------------|------|-----------|
| Dia       | From | To  | Material        | From | To         | Amt  | sacks/lbs |
| 10        | 0    | 78  | Bentonite Chips | 0    | 78         | 38   | S         |
| 6         | 78   | 298 |                 |      | Calculated | 35.6 |           |
|           |      |     |                 |      | 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 8/31/2026 Begin Time 11 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   | <input checked="" type="checkbox"/> | 2    | 78  | 0.250 | ST        | <input checked="" type="checkbox"/> |                                     | OUT. 78       |
| L   | 4   |                                     | 18   | 218 | Sch40 | PL        |                                     | <input checked="" type="checkbox"/> |               |
| L   | 4   |                                     | 238  | 278 | Sch40 | PL        |                                     | <input checked="" type="checkbox"/> |               |
|     |     |                                     |      |     |       |           |                                     |                                     |               |

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          | 218  | 238 | .032            |             |            | Pipe Size       |
| Screen       | Liner         | 4          | 278  | 298 | .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          | 12              |          | 297                    | 1             |
|              |                 |          |                        |               |

Temperature 54 °F Lab analysis ☐ Yes By \_\_\_\_\_Water quality concerns? ☐ Yes (describe below) TDS amount 221 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 24 SW 1/4 of the NW 1/4 Tax Lot 1400

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or 45.29828101 DMS or DD

Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or -123.25887158 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                                                                | 8/31/2026 |           |   | 78       |
| Flowing Artesian? <input type="checkbox"/> Dry Hole? <input type="checkbox"/> |           |           |   |          |

WATER BEARING ZONES

Depth water was first found 20.00

| SWL Date  | From | To  | Est Flow | SWL (psi) | + | SWL (ft) |
|-----------|------|-----|----------|-----------|---|----------|
| 8/26/2026 | 20   | 60  | 0.5      |           |   | 20       |
| 8/31/2026 | 130  | 260 | 12       |           |   | 78       |
|           |      |     |          |           |   |          |
|           |      |     |          |           |   |          |

**(11) WELL LOG**Ground Elevation 387.25 FT

| Material                                  | From | To  |
|-------------------------------------------|------|-----|
| Topsoil                                   | 0    | 3   |
| Clay, Brown                               | 3    | 6   |
| Claystone, Firm brown weathered decayed   | 6    | 12  |
| Siltstone, H gray w/lots of layers H fine | 12   | 185 |
| Same, Sandstone w/s XH LT brown limestone | 12   | 185 |
| Sandstone, XH fine gray/lavender          | 185  | 197 |
| Siltstone, H gray w/lots of layers H fine | 197  | 298 |
| Same, Sandstone w/s XH LT brown limestone | 197  | 298 |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |
|                                           |      |     |

Construction

Begin Date 8/26/2026 Begin Time 13 00 End Date 8/31/2026**(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 9/8/2026Signed 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

[illegible]

## (5) BORE HOLE CONSTRUCTION

| BORE HOLE |      |    | SEAL       |      |    | sacks/<br>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<br>(gal/min ) | Drawdown | Drill Stem/<br>Pump Depth | Duration<br>(hr) |
|--------------|---------------------|----------|---------------------------|------------------|
|              |                     |          |                           |                  |
|              |                     |          |                           |                  |
|              |                     |          |                           |                  |
|              |                     |          |                           |                  |
|              |                     |          |                           |                  |

## Water Quality Concerns

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |
|      |    |             |        |       |
|      |    |             |        |       |
|      |    |             |        |       |
|      |    |             |        |       |

### **(10) STATIC WATER LEVEL**

[illegible]

**(11) WELL LOG**

[illegible]

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

| Assistant Name  | Type         | #       |
|-----------------|--------------|---------|
| CHARLES ESTRADA | HELPER WATER | 8888851 |
|                 |              |         |
|                 |              |         |
|                 |              |         |

### Comments/Remarks

Seal placed with less than 50' of water.

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

**YAMH 59961**

**9/8/2026**

## 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: 45.29828101 Datum: WGS84

Longitude: -123.25887158

Township/Range/Section/Quarter-Quarter Section:  
WM3.00S5.00W24SWNW

Address of Well:

11325 NW OLD SOLDIERS RD, CARLTON, OR 97111

**Well Label: 159744**

**Printed: September 8, 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

