

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-02-2011

WELL LABEL # L 105783

START CARD # 1013115

(1) LAND OWNER Owner Well I.D. _____

First Name FOOD FOR LANE COUNTY Last Name _____
Company SPRINGFIELD SCHOOL DISTRICT 19
Address C/O 770 BAILEY HILL RD
City EUGENE State OR Zip 97402

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 120.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 10, 0, 18, Cement, 0, 18, 16, S. Row 2: 6, 18, 120, , , , , .

How was seal placed: Method [] A [] B [X] C [] D [] E

[] Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

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

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: [X], [], 6, 2, 118, .25, [X], [], [], [].

Shoe [X] Inside [] Outside [] Other Location of shoe(s) 118

Temp casing [X] Yes Dia 10 From 1 To 18

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/S Casing/ Screen Scrn/slot Slot # of Tele/
green Liner Dia From To width length slots pipe size

Table with columns: Perf/S, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: , , , , , , , , .

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 60, , 120, 1.

Temperature 57 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Row 1: , , , , .

(9) LOCATION OF WELL (legal description)

County Lane Twp 17.00 S N/S Range 3.00 W E/W WM
Sec 22 NW 1/4 of the SE 1/4 Tax Lot 2203

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[X] Street address of well [] Nearest address

705 FLAMINGO AVE SPRINGFIELD, OREGON 97477

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____ + _____

Completed Well 04-29-2011 8

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 8

SWL Date From To Est Flow SWL(psi) + SWL(ft)

04-29-2011 8 120 60 8

_____ + _____

_____ + _____

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(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 1839 Date 05-02-2011

Electronically Filed

Signed MICHAEL J HOLLEY (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 1541 Date 05-02-2011

Electronically Filed

Signed CASEY JONES JR (E-filed)

Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806