

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company LANE HOUSING AUTHORITY C/O JOHNSON CONTROLS INC
 Address 103 WOODMERE RD
 City FOLSOM State CA Zip 95630

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 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 50.00 ft.
BORE HOLE SEAL sacks/
 Dia From To Material From To Amt lbs

12	0	20	Bentonite	0	4	4	S
8	20	50				Calculated	2.27
			Cement	4	20	26	S
						Calculated	6.67

How was seal placed: Method A B C D E
 Other POURED AND TAMPED
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	26	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	45	50	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 26
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type wire wrap Material stainless
 Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
 Screen Liner Dia From To width length slots pipe size

Screen	Casing	6	25	45	.012		1000	
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(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

25		50	4
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 Temperature 57 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 164 ppm
 From To Description Amount Units

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(9) LOCATION OF WELL (legal description)
 County LANE Twp 17.00 S N/S Range 3.00 W E/W WM
 Sec 27 NE 1/4 of the SE 1/4 Tax Lot 6700
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1632 MILL ST SPRINGFIELD

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration		
Completed Well	5/4/2020	7

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
5/4/2020	7	45	25		7

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	4
Brown Clay	4	7
Sand and Gravel	7	45
Blue Sandstone	45	50

 Date Started 4/30/2020 Completed 5/4/2020

(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 5/5/2020
 Signed MICHAEL 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 5/5/2020
 Signed CASEY JONES JR (E-filed)
 Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806