

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 80264

WELL I.D. LABEL# L

155269

START CARD #

1078035

ORIGINAL LOG #

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

7/29/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name LISALast Name JOHNSON

Company _____

Address 93737 DORSEY LANECity JUNCTION CITY State OR Zip 97448**(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:

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(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 140.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	19	Bentonite Chips	0	19	9	S
6	19	140			Calculated	8.67	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED & SCREENED

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 6/16/2025 Begin Time 14 22**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	6	☒	2	58	0.250	ST	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method Holte perforations

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	6	30	50	.5	2	200	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	35		140	1

Temperature 61 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 119 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LANE Twp 16.00 S N/S Range 5.00 W E/W WMSec 1 NW 1/4 of the SE 1/4 Tax Lot 700

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.20600000 DMS or DDLong _____ ° _____ ' _____ " or -123.23900000 DMS or DD☒ Street address of well ☐ Nearest address93737 DORSEY LANE, JUNCTION CITY, OR 97448**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>6/20/2025</u>			<u>11</u>
Flowing Artesian?	☐		Dry Hole?	☐

WATER BEARING ZONES

Depth water was first found 30.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6/17/2025</u>	<u>30</u>	<u>40</u>	<u>30</u>			<u>11</u>

(11) WELL LOGGround Elevation 328.95 FT

Material	From	To
Top soil	0	1
Brown clay	1	4
Grey clay	4	9
Grey claystone sandy	9	12
Grey sandy clay	12	18
Sand with gravel	18	21
Cemented gravel	21	30
Sand and gravel	30	40
Brown clay	40	44
Grey clay	44	98
Brown clay	98	109
Grey clay	109	131
Brown clay	131	140

Construction

Begin Date 6/16/2025 Begin Time 10 21 End Date 6/17/2025**(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 1960 Date 7/29/2025Signed JACOB HOWELL (E-filed)Drilling Company: West Coast Well Drilling, LLC

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.

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

LANE 80264

7/29/2025

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: 44.20600000 Datum: WGS84

Longitude: -123.23900000

Township/Range/Section/Quarter-Quarter Section:
WM16.00S5.00W1NWSE

Address of Well:

93737 DORSEY LANE, JUNCTION CITY, OR 97448

Well Label: 155269

Printed: July 29, 2025

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

