

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 80728

WELL I.D. LABEL# L

162156

START CARD #

1082935

ORIGINAL LOG #

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

7/30/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name RONLast Name MCNAMEE

Company _____

Address 7655 BERNHARDT HIGHTS RD.City FLORENCEState ORZip 97439**(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 505.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	38	Bentonite	0	38	26	S	
6	38	505			Calculated	17.34		
					Calculated			

Seal placement 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: ☐ Type _____ Amount _____Seal Placement Begin Date 7/24/2026 Begin Time 12 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		5	505	SDR26	PL	☒			

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

Screens Type _____

Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4	285	305	.125	1	200	
Perf	Liner	4	385	405	.125	1	200	
Perf	Liner	4	485	505	.125	1	200	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	0.8		504	1

Temperature 51 °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 LANE Twp 18.00 S N/S Range 11.00 W E/W WMSec 16 SE 1/4 of the SW 1/4 Tax Lot 2002

Tax Map Number _____ Lot _____

Lat _____ " or 44.00188471 DMS or DD

Long _____ " or -124.01911539 DMS or DD

☒ Street address of well ☐ Nearest address7655 BERNHARDT HIGHTS RD., FLORENCE, OR 97439**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/29/2026			77

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 160.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/29/2026	160	161	0.8			77

(11) WELL LOGGround Elevation 292.71 FT

Material	From	To
Top Soil	0	1
Sandy Brown Clay	1	32
Blue Claystone	32	70
Red Claystone	70	105
Blue Sandstone	105	200
Blue Claystone	200	330
Blue Sandstone	330	410
Red Claystone	410	465
Blue Claystone	465	505

Construction

Begin Date 7/24/2026 Begin Time 07 06 End Date 7/29/2026**(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 2002 Date 7/30/2026Signed MAXWELL JONES (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 2002 Date 7/30/2026Signed MAXWELL JONES (E-filed)Drilling Company: Casey Jones Well Drilling

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

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7/30/2026

Map of Hole

