

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 80743

WELL I.D. LABEL# L

162157

START CARD #

1083045

ORIGINAL LOG #

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

8/4/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name BRUCELast Name HIGHFILL

Company _____

Address 1514 COBURG RD.City EUGENE State OR Zip 97401**(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 409.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
10	0	18	Bentonite	0	18	11	S	
6	18	409			Calculated	8.22		
					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 7/27/2026 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	18	0.250	ST	☒		OUT.	18
L	4.5		9	409	SDR26	PL	☒			

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

Screens Type _____

Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	4.5	249	269	.125	2	200	
Perf	Liner	4.5	369	409	.125	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	1		409	1

Temperature 51 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 165 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LANE Twp 17.00 S N/S Range 1.00 W E/W WMSec 32 SW 1/4 of the SW 1/4 Tax Lot 902

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.04179752 DMS or DD

Long _____ ° _____ ' _____ " or -122.84285794 DMS or DD

☐ Street address of well ☒ Nearest address

JUST PASSED 87441 CEDAR FLAT RD. ON THE LEFT

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/31/2026			174
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 185.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/31/2026	185	186	1			174

(11) WELL LOGGround Elevation 926.05 FT

Material	From	To
Top Soil	0	2
Rocks & Clay	2	7
Broken Bedrock	7	11
Bedrock	11	19
Basalt	19	69
Red Brown Claystone	69	95
Blue Claystone	95	310
Purple Claystone	310	317
Clay	317	319
Blue Claystone	319	409

Construction

Begin Date 7/27/2026 Begin Time 09 28 End Date 7/31/2026**(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 2138 Date 8/3/2026Signed KEVIN MALMSTEDT (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 8/4/2026Signed MAXWELL JONES (E-filed)Drilling Company: Casey Jones Well Drilling Co., Inc.

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 80743

8/4/2026

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: 44.04179752 Datum: WGS84

Longitude: -122.84285794

Township/Range/Section/Quarter-Quarter Section:
WM17.00S1.00W32SWSW

Address of Well:

JUST PASSED 87441 CEDAR FLAT RD. ON THE LEFT

Well Label: 162157

Printed: August 3, 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

