

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 80766

WELL I.D. LABEL# L

160557

START CARD #

1082744

ORIGINAL LOG #

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

8/16/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name TROY & JENNIFER Last Name LINDELL

Company _____

Address 83491 JENSEN LANECity FLORENCE State OR Zip 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

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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 160.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10.5	0	38.5	Bentonite Chips	0	38.5	24	S
6	38.5	160			Calculated	20.69	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POUR, TAMP, HYDRATE

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/11/2026 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	Shoe Location
C	6	☒	1.5	38.5	0.250	ST	☒			
L	4		20	160	SDR26	PL	☒			

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

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		4	62	158	.125	5	150	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	5		158	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 400 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LANE Twp 19.00 S N/S Range 12.00 W E/W WMSec 23 SW 1/4 of the SE 1/4 Tax Lot 614

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.90118847 DMS or DD

Long _____ ° _____ ' _____ " or -124.09362043 DMS or DD

☒ Street address of well ☐ Nearest address83491 JENSEN LANE, FLORENCE, OR 97439**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/17/2026			15.5

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 48.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/13/2026	48	49	0.5			15.5
7/14/2026	69	70	0.5			15.5
7/14/2026	88	89	1			15.5
7/15/2026	118	119	1			15.5
7/15/2026	151	153	2			15.5

(11) WELL LOGGround Elevation 19.18 FT

Material	From	To
TOPSOIL	0	2
CLAY RED/BROWN SANDY	2	11
CLAY YELLOW/BROWN SANDY	11	26
CLAY GREY SANDY	26	33
SANDSTONE GREY	33	48
SANDSTONE WEATH. FRACT. GREY/BROWN WB	48	49
SANDSTONE GREY	49	69
SANDSTONE WEATH. FRACT. GREY/BROWN WB	69	70
SANDSTONE GREY	70	88
SANDSTONE WEATH. FRACT. GREY/BROWN WB	88	89
SANDSTONE GREY	89	118
SANDSTONE WEATH. FRACT. GREY/BROWN WB	118	119
SANDSTONE GREY	119	151
SANDSTONE WEATH. FRACT. GREY/BROWN WB	151	153
SANDSTONE GREY	153	160

Construction

Begin Date 7/11/2026 Begin Time 07 36 End Date 7/17/2026**(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 _____ 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 1965 Date 8/16/2026Signed NEIL LEE (E-filed)Drilling Company: Leedrilling2014@gmail.com Neil W. Lee 541-790-1602

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.

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

LANE 80766

8/16/2026

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: 43.90118847 Datum: WGS84

Longitude: -124.09362043

Township/Range/Section/Quarter-Quarter Section:
WM19.00S12.00W23SWSE

Address of Well:

83491 JENSEN LANE, FLORENCE, OR 97439

Well Label: 160557

Printed: August 16, 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

