

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 80812

WELL I.D. LABEL# L

160558

START CARD #

1082762

ORIGINAL LOG #

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

9/17/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name SCOT

Last Name GRAHAM

Company _____

Address 88623 WHITSELL LANE

City SPRINGFIELD

State OR

Zip 97478

(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 CONSTRUCTION**Special Standard ☐ (Attach copy)

Depth of Completed Well 285.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10.5	0	27.5	Bentonite Chips	0	27.5	16	S
6	27.5	285			Calculated	14.78	
					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 8/3/2026 Begin Time 10 30

(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	27.5	0.250	ST	☒			
L	4		15	285	SDR26	PL	☒			

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

Perforations Method SKILL SAW

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrn/slot		Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	Pipe size
Perf	Liner	4	87	284	.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	13		284	1

Temperature 53 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 111 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LANE Twp 17.00 S N/S Range 2.00 W E/W WM

Sec 22 NW 1/4 of the SE 1/4 Tax Lot 402

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.07483588 DMS or DD

Long _____ ° _____ ' _____ " or -122.91123527 DMS or DD

☒ Street address of well ☐ Nearest address

88623 WHITSELL LANE, EUGENE, OR 97478

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/18/2026			35.5
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 168.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/8/2026	168	172	3			35.5
8/16/2026	270	274	10			35.5

(11) WELL LOG

Ground Elevation 630.82 FT

Material	From	To
TOPSOIL	0	3
CLAY GREY/BROWN W/BROKEN BASALT DARK GREY	3	22
BASALT BLACK	22	42
CLAYSTONE DARK GREY	42	51
BASALT DARK GREY	51	63
SANDSTONE DRK GREY/BROWN W/CALSITE SEAMS	63	79
BASALT BLACK / DRK GREY W/CALSITE SEAMS	79	168
SANDSTONE WEATH. FRACT. BROWN/GREY W/CALSITE	168	172
BASALT BLACK W/CALSITE SEAMS	172	270
SANDSTONE WEATH. FRACT. BROWN/GREY W/CALSITE	270	274
BASALT BLACK	274	285

Construction

Begin Date 8/3/2026 Begin Time 05 32 End Date 8/18/2026

(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 9/17/2026

Signed 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.

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

LANE 80812

9/17/2026

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: 44.07483588 Datum: WGS84

Longitude: -122.91123527

Township/Range/Section/Quarter-Quarter Section:
WM17.00S2.00W22NWSE

Address of Well:

88623 WHITSELL LANE, EUGENE, OR 97478

Well Label: 160558

Printed: September 17, 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

