

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 80833

WELL I.D. LABEL# L

Page 1 of 2

162177

START CARD #

1083761

ORIGINAL LOG #

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

10/5/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company EASTERN LANE FOREST PROTECTION ASSOCIATION

Address 3150 MAIN ST.

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
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 523.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	39	Bentonite	0	39	28	S
6	39	523			Calculated	17.8	
					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 9/29/2026 Begin Time 08 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	☒	1	39	0.250	ST	☒		OUT.	39
L	4		8	523	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	403	423	.125	1	200	
Perf	Liner	4	503	523	.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	5		522	1

Temperature 51 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 80 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LANE Twp 20.00 S N/S Range 3.00 E E/W WM

Sec 25 NW 1/4 of the SW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ " or 43.79973289 DMS or DD

Long _____ " or -122.40809575 DMS or DD

☒ Street address of well ☐ Nearest address

49674 HUCKLEBERRY RD. OAKRIDGE

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/30/2026			110
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 267.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/28/2026	267	268	3			110
9/29/2026	315	316	1			110
9/29/2026	499	500	1			110

(11) WELL LOG

Ground Elevation 2413.85 FT

Material	From	To
Top Soil	0	1
Brown Clay	1	31
Red Claystone	31	88
Blue Sandstone	88	160
Basalt	160	250
Red Claystone	250	267
Basalt	267	315
Red Claystone	315	333
Basalt	333	499
Red Claystone	499	523

Construction

Begin Date 9/28/2026 Begin Time 15 10 End Date 9/30/2026

(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 10/5/2026

Signed 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 10/5/2026

Signed 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 80833

10/5/2026

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: 43.79973289 Datum: WGS84

Longitude: -122.40809575

Township/Range/Section/Quarter-Quarter Section:

WM20.00S3.00E25NWSW

Address of Well:

49674 HUCKLEBERRY RD. OAKRIDGE

Well Label: 162177

Printed: October 5, 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

