

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

DESC 61056

11/20/2017

WELL I.D. LABEL# L 127062
START CARD # 1035666
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name JOHN Last Name LIETZ
Company TARTAN DRUIML LLC
Address 250 NW FRANKLIN AVE SUITE 403
City BEND State OR Zip 97703

(2) TYPE OF WORK
New Well [X] Deepening [] Conversion []
Alteration (complete 2a & 10) [] Abandonment(complete 5a) []

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing:
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD
Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud []
Reverse Rotary [] Other []

(4) PROPOSED USE
Domestic [] Irrigation [X] Community []
Industrial/ Commercial [] Livestock [] Dewatering []
Thermal [] Injection [] Other []

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 603.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
Bentonite Chips 0 130 77 S
Cement 130 228 35 S
Calculated 30

How was seal placed: Method [] A [] B [X] C [] D [] E []
[X] Other POURED DRY
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
8 [X] 2 228 .250 [X] [] [X] [] []
6 [] 5 603 .188 [] [] [X] [] []
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS
Perforations Method MACHINE
Screens Type Material
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [] Bailer [] Air [X] Flowing Artesian []
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 600 1.5
Temperature 54 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 83 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 18.00 S N/S Range 11.00 E E/W WM
Sec 2 SE 1/4 of the SE 1/4 Tax Lot 1900
Tax Map Number Lot
Lat " or 44.03838889 DMS or DD
Long " or -121.36561111 DMS or DD
Street address of well [] Nearest address [X]
SKYLINE RANCH RD AND CARTWRIGHT TRACT W

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 8/29/2017 362
Flowing Artesian? [] Dry Hole? []

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 8/25/2017, 390, 603, 200, 362.

(11) WELL LOG
Ground Elevation 3801.00
Material From To
SAND PUMICE COBBLES 0 16
PUMICE SAND 16 120
BASALT BROKEN CINDERS CAVING 120 165
SOLID 165 205
CONGLOMERATE BROWN 205 223
BASALT 223 390
BASALT VESICULAR 390 405
SANDSTONE CONGLOMERATE 405 509
BASALT BROKEN FRACTURED 509 545
CONGLOMERATE SANDSTONE BROWN 545 603

Date Started 8/16/2017 Completed 8/29/2017

(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 758 Date 9/6/2017
Signed THOMAS R PECK (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 1720 Date 11/20/2017
Signed JACK ABBAS (E-filed)
Contact Info (optional)

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

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Map of Hole

