

(1) LAND OWNER Owner Well I.D. TEST WELL #6
First Name _____ Last Name _____
Company MADISON RANCHES
Address 29299 MADISON RD
City ECHO State OR Zip 97826

(2) TYPE OF WORK New Well 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 Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other IRRIGATION TEST HOLE #6

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 107.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
12 0 18 Bentonite 0 18 16 S
10 18 107 Calculated 10.21
Calculated

How was seal placed: Method A B C D E
 Other POURED BENTONITE
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 1 107 .25
Shoe Inside Outside Other Location of shoe(s) 107
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Holte Perforator
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Casing 8 85 105 .375 1 640 _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
200 _____ 107 1
Temperature 62 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 542 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MORROW Twp 4.00 N N/S Range 25.00 E E/W WM
Sec 1 SE 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
PORT OF MORROW BOARDMAN, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 2/26/2021 _____ 57
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 57.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
2/26/2021 57 106 200 _____ 57

(11) WELL LOG Ground Elevation _____
Material From To
Sand 0 78
Course Sand/Gravel 78 106
Black Basalt 106 107

Date Started 2/25/2021 Completed 2/26/2021
(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 1735 Date 3/3/2021
Signed CHAD COURTNEY (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 1881 Date 3/4/2021
Signed GARRY ZOLLMAN (E-filed)
Contact Info (optional) Garry Zollman