

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

WASC 52569

WASCO 52569

WELL LABEL # L 122503
START CARD # 1034840
ORIGINAL LOG #

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER Owner Well I.D. # 1 D. H.
First Name Bryce Last Name Molesworth
Company Merrigo Round LLC
Address 1656 Walker Farm Rd
City Mosier State OR Zip 97040

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 1223 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Seks/lbs
36	0	14	concrete	0	14	14	405
19	14	585	MAT CEMENT	0	585	15	403
15	585	1223	WENT CEMENT	585	1153	95	405
			CEMENT 600	574	600	8	505

How was seal placed: Method A B C D E
 Other 3-K Pac - 10x12 at 599'

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		20	X	0	14	375	X		X	
X		16	X	2	585	375	X		X	
X		12		585	1153	375	X		X	
X		10		600	574	365	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

PERF 02 2018

Perf	Screen	Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size

OWRD

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

Pump Bailer Air Flowing Artesian
Yield gal/min 500 Drawdown 402.67 Drill stem/Pump depth 519 Duration (hr) 4
Temperature 77 °F Lab analysis Yes By OWRD
Water quality concerns? Yes (describe below) TDS 287 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASCO Twp 2 or S Range 12 or W W.M.
Sec 18 1/4 of the NE 1/4 Tax Lot NE
Tax Map Number _____ Lot 300
Lat _____ " or 45.66168 DMS or DD
Long _____ " or 121.37245 DMS or DD

Street Address of Well (or nearest address) 1550 Carroll Rd. Mosier OR 97040

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>3-28-18</u>			<u>33.8</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 630

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-26-17</u>	<u>630</u>	<u>650</u>	<u>50</u>			<u>361.5</u>
<u>8-3-17</u>	<u>838</u>	<u>860</u>	<u>50</u>			<u>361.65</u>
<u>3-28-18</u>	<u>1165</u>	<u>1180</u>	<u>500</u>			<u>33.8</u>

(11) WELL LOG

Material	From	To
sand & clay	0	39
grey sandstone	39	80
grey sandstone Harder	80	110
grey sandstone/claystone	110	132
Rock / Grey & Brown US	132	140
Rock / Very Hard / Grey	140	194
Rock Hard & Fractured	194	210
Rock Very Hard	210	299
Brown sticky clay	299	308
Brown clay / Black claystone	308	311
Blue clay / sticky	311	319
Rock soft weathered broken	319	335
Rock ves. Red & Black	335	350
same getting Harder	350	363
Rock Hard	363	400
Rock Very Hard	400	439

Date Started 6-22-17 Completed 3-28-18

(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 1934 Date 3-29-18

Signed [Signature]

Contact info. (optional) _____

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip _____

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well _____ ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL <i>calculated</i>			
Dia	From	To	Material	From	To	Amount Scks/lbs
36	0	14	concrete	0	14	2.534 YDS
19	14	585	NEAT CEMENT	0	585	12.59 YDS
15	585	1223	NEAT CEMENT	608	1153	21.11 YDS
			Cement (wood)	574	600	8 SCKS

How was seal placed: Method A B C D E
 Other _____

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

APR 02 2018

Shoe Inside Outside Other Location of shoe **OWRD**
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scr	Csg/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County _____ Twp _____ N or S Range _____ E or W W.M.
Sec _____ 1/4 of the _____ 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Rock very hard & slightly broken	434	450
Rock grey hard fractured	450	500
Rock grey, softer	500	515
Rock grey, very hard	515	524
Rock grey, grey soft clay	524	528
Blue, brown, chunky clay soft	528	545
Light blue, some brown, little white clay	545	554
Wood & some blue clay	554	565
Rock ves. & wood	565	575
Rock grey, med to hard	575	595
Rock grey, hard	595	615
Rock grey, med. hard	615	630
Rock grey, soft broken ft. w.B.	630	650
Rock grey, getting hard	650	690
Rock black, soft	690	693
Rock grey, hard	693	699

Date Started _____ Completed _____

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Signed _____

Contact Info. (optional) _____

RECEIVED
MAY 17 2018

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(ORS 537.765 & OAR 690-205-0210)

WASC 52569

WASCO 52569

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Depth of Completed Well _____ ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

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Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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Temperature _____ °F Lab analysis Yes By _____
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From _____ To _____ Description _____ Amount _____ Units _____

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Street Address of Well (or nearest address) _____

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	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To
Rock, Black SOFT	699	708
Rock Grey, Hard & some SOFT Layers	708	838
Rock Black, VES. FT. W.B.	838	860
Rock Grey, MED	860	875
Rock Grey, Very Hard	875	920
Rock Grey, med Hard	920	950
Rock Grey, VERY Hard	950	980
same JUST HARDER	980	1045
SOFT SPOT - Shickin Slide?	1045	1050
Rock Grey, SUPER Hard, 16' HR.	1050	1116
Black VES, SOFT, almost VOID F.B.	1116	1131
Brown & tan clay & claystone	1131	1135
Blue clay SOFT	1135	1142
WOOD, SOFT Rock, claystone	1142	1165
Black & Grey SOFT VES. & Red VES.	1165	1180
Rock med Hard Grey	1180	1223

Date Started _____ Completed _____

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