

2/17/2019

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company BARTHOLOMEW TRUST
 Address 1600 CARROLL RD.
 City MOSIER State OR Zip 97040

(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 Thrd
 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 _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 510.00 ft.
BORE HOLE SEAL sacks/lbs
 Dia From To Material From To Amt lbs

10	0	510	Cement	0	482	138	S
						Calculated	129.37
						Calculated	

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 _____
 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 Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1.5	482	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

 Shoe Inside Outside Other Location of shoe(s) 482
 Temp casing Yes Dia _____ From + _____ To _____

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/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)
70		482	2

 Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 170 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County WASCO Twp 2.00 N N/S Range 12.00 E E/W WM
 Sec 18 NE 1/4 of the NW 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1600 CARROLL RD., MOSIER, OR97040

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	1/11/2019		364

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 228.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12/27/2018	228	232	10		<input checked="" type="checkbox"/>
1/8/2019	350	425	25		364
1/8/2019	485	510	70		364

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	2
Sandy Clay	2	30
Sandstone	30	38
Claystone	38	78
Gray Basalt	78	92
Broken Red and Gray Basalt	92	103
Gray Basalt Hard	103	217
Light Gray Basalt	217	228
Broken Light Gray Basalt	228	232
Gray Basalt	232	266
Gray and Red Basalt with Claystone	266	272
Gray Basalt	272	467
Gray Claystone	467	485
Gray Basalt	485	510

Date Started 12/20/2018 Completed 1/11/2019
(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 1879 Date 2/17/2019
 Signed MICHAEL MERRITT (E-filed)
 Contact Info (optional) Mike Merritt