

SC 82064

STAGO WELL SERVICES, INC.
TAX COVER LETTER

PLEASE DELIVER THE FOLLOWING PAGES TO:

TO: Rob Carter DATE: 1-5-96
FIRM: O. W. R. D.
PHONE: 541-396-3121 FROM: Byron Stadel
FAX: 396-6233

ev

Number of pages including cover sheet. 9
Original being sent by mail: Yes: No: X

will send
in modified
info.

COMMENTS: ROB

Following are the special standards
Request for the 10" irrigation well for
Garold Morrissett, also scratch logs
& 9s Bait for City of Fairview

Thank you

Byron

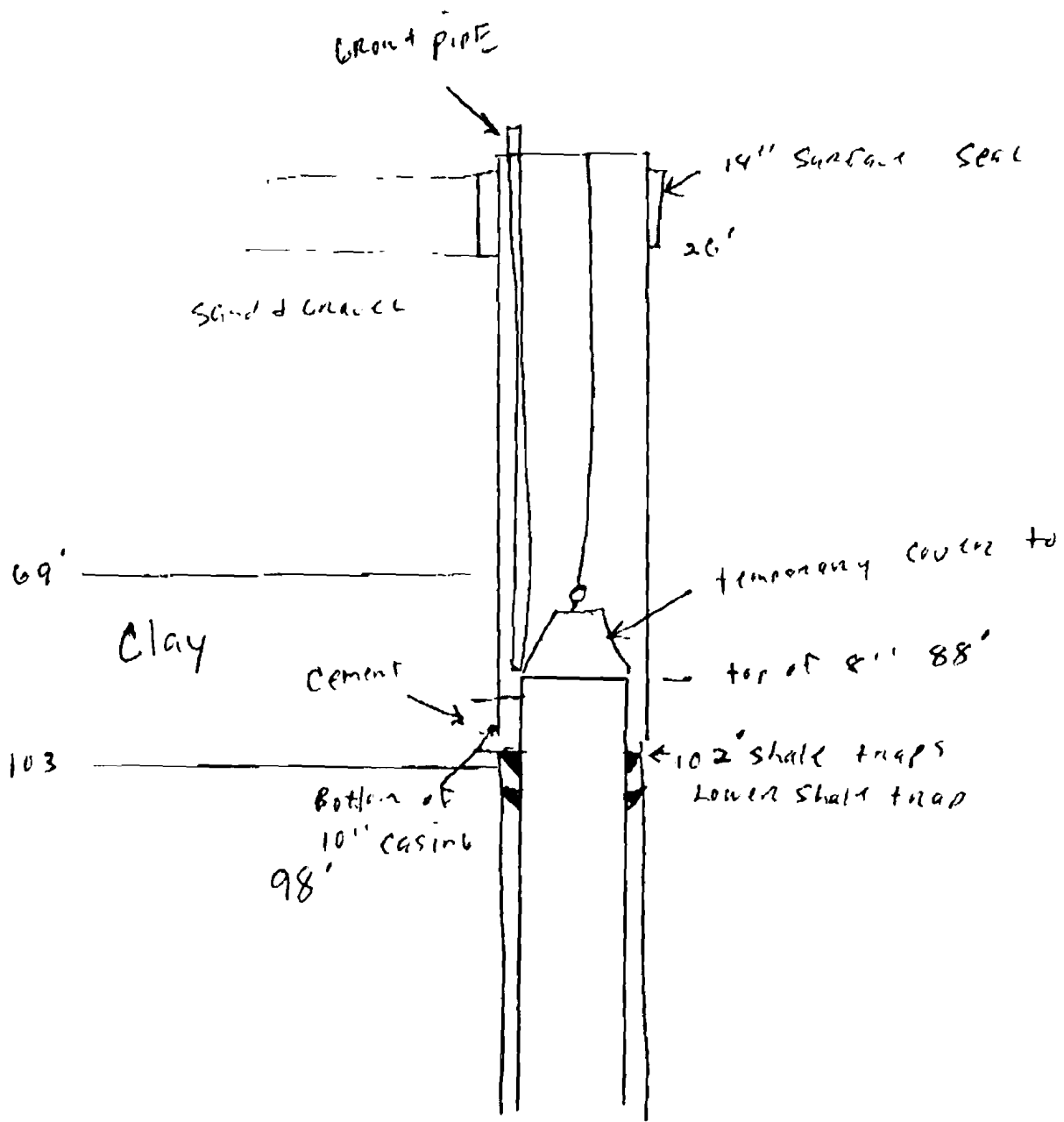
cc: Murre

IF YOU DO NOT RECEIVE ALL PAGES: PLEASE CALL

220 Academy Street, Mt Angel, OR 97362 PII (503) 845-6824 FX (503) 845-9274

8' + 10' belt from 9s' to 103
See Attached sheet

?



Staco Well Services, Inc.

FIELD LOG

(503) 845-8824

220 Academy St. Mt. Angel, OR 97362

Driller

(1) OWNER:

Name GAROLD MORRISSETT Well Number _____ Address _____ City _____ State _____ Zip _____

(2) TYPE OF WORK:

[X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE:

[] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 260 ft. Explosives used [] [X] Type _____ Amount _____

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Includes handwritten entries for 14" and 10" diameters.

How was seal placed Method [] A [] B [] C [] D [] E

[] Other

Backfill placed from _____ ft to _____ ft Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[] Perforations Method _____ [] Screens Type _____ Material _____

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

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

[] Pump [] Boiler [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes handwritten '1 hr' in the Time column.

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? [] Yes By whom _____

Did any strata contain water not suitable for intended use? [] Too little

[] Salty [] Muddy [] Odor [] Colored [] Other

Depth of strata _____

(9) LOCATION OF WELL by legal description:

County _____ Latitude _____ Longitude _____ Township _____ Nor S, Range _____ E or W, WM _____ Section _____ 1/4 _____ 1/4 _____ Tax Lot _____ Lot _____ Block _____ Subdivision _____ Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____ Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

Table with columns: From, To, Estimated Flow Rate, SWL.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Contains detailed handwritten log entries such as 'Top soil', 'Brown clay', 'Cobbles & Gravel', etc.

Date started _____ Completed _____

Scratch Log for City of Fairview

Staco Well Services, Inc.

FIELD LOG

(503) 845-6824

220 Academy St.
Mt. Angel, OR 97362

Driller _____

(1) OWNER: Well Number: _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
19"	0	420	Cement	0	420	220 Sacks

How was seal placed Method A B C D E
 Other Pumped from the inside of Borehole
 Rim fill placed from _____ ft to _____ ft Material _____
 Gravel placed from _____ ft to _____ ft Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing - 16"	+2	420	48S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
liner				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min: _____ Drawdown _____ Drill stem log _____ Time _____
 1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata _____

(9) LOCATION OF WELL by legal description:
 County _____ Latitude _____ Longitude _____
 Township _____ Nor S, Range _____ E or W WM _____
 Section _____ 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWI.

(12) WELL LOG: Ground elevation _____

Material	From	To	SWI.
top soil	0	2	
Silly clay reddish brown	2	5	
Silt with large cobbles & boulders	5	18	
Cobbles with large boulders with some gravel brown	18	26	
Cobbles & gravel brown with	26	32	
gravel & cobbles	32	48	
yellowish grey brown	48	54	
large gravel brown grey with brown silty clay	54	68	
brown to tan clayey silt	68	73	
weathered some mud bit	73	80	
tan to grey clayey silt	80	87	
silt & clay brown	87	101	
gravel & cobbles tightly cemented	101	118	
tan to grey clayey silt	118	129	
Silt brown soft	129	142	
Shale blue	142	163	
Shale grey cemented	163	205	
gray with lenses of clayey cemented	205	252	
Some as above with coarse gravel & some cobbles	252	266	
gray & tan clayey highly cemented with some gravel & cobbles			

Date started 4-1-95 Completed _____

Staco Well Services, Inc.

FIELD LOG

(503) 845-6824

220 Academy St.
Mt. Angel, OR 97382

Driller _____

(1) OWNER:

Name _____ Well Number _____
Address _____
City _____ State _____ Zip _____

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

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

Backfill placed from _____ ft to _____ ft. Material _____
Gravel placed from _____ ft to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Hailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata _____

(9) LOCATION OF WELL by legal description:

County _____ Latitude _____ Longitude _____
Township _____ Nor S. Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft below land surface Date _____
Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Grand Course granite	266	308	
Cemented with balls large			
Sand gravel loosely	308	331	
Cemented			
brn silt			
brn cemented coarse	331	360	
with sand - sand med			
brn silt			
coarse gravel medium	360	391	
cemented brn silt			
with some med to coarse sand			
Gravel med with brn silt	391	400	
brn silt with some sand	400	419	
gray			
cemented sandstone ball with	419	420	
green			

Date started _____

Completed _____

Staco Well Services, Inc.

FIELD LOG

(503) 845-6824

220 Academy St
Mt. Angel, OR 97362

Drillor Tom Peck

(1) OWNER: Well Number: _____
Name Fairview
Address _____
City _____ State _____ Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other Municipal

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 765 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL		Amount sacks or pounds
Diameter	From	To	From	To	
16	420	465	cement		103
12	445	525			
10	525	765			

How was seal placed Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(8) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	8	400	765	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shaft(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
670	670	20	3	3	3	<input type="checkbox"/>	<input type="checkbox"/>
670	750	30	3	3	3	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Hoiler Air Flowing Artesian
Yield gal/min 50 Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata _____

(9) LOCATION OF WELL by legal description:
County Mult Latitude _____ Longitude _____
Township _____ N or S, Range _____ E or W, WM
Section _____ 1/4 _____ 1/4
Twp/Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
268 ft. below land surface. Date 9/12-95
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 650

From	To	Estimated Flow Rate	SWL
630	670	50	268
730	750	50	268

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
cemented gravels	420	465	
greens clay brown sticky	465	468	
clay blue	468	478	
sandstone with gravels	478	506	
basalt	506	516	
clay brown	516	521	
clay gray blue	521	522	
sand gray fine	522	559	
clay blue	559	599	
gray sand coarse	599	605	
sand pea gravel	605	609	
sandstone clay layers	609	618	
clay blue	618	623	
sand gray fine	623	642	
gravels cemented med	642	670	
sand gray fine	670	677	
clay gray-brown	677	681	
clay brown	681	690	
clay brown with gravels	690	695	
packed sand	695	703	
sand & greens coarse med	703	710	
cemented sands	710	716	
greens sand fine	716	729	
greens sand coarse-fine	729	739	
gravels med-fine		739	
greens sand		749	
clay green	749	757	
cemented gravels	757	765	

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

95/RW/34BB

Page 2 of 2

(START CARD) # _____

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

(1) OWNER: Well Number _____
 Name Morissette
 Address 6487 Stayton Rd SE
 City Turner State OR Zip 97392

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Marion Latitude _____ Longitude _____
 Township 95 N or S Range 2W E or W. WM.
 Section 34 NW 1/4 NW 1/4
 Tax Lot 00100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same as Mailing

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	RECEIVED	SWL
		NOV - 3 1998	
		WATER RESOURCES DEPT.	
		SALEM, OREGON	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Wthrd Siltstone	191	197	
Cemented sand	197		
Gravels brn		230	
Med gravels loosely	230		
Cemented		239	
Gravels lightly cemented	239	250	
Gravels loosely cemented	250	262.5	

From	To	RECEIVED	SWL
		FEB 21 1996	
		WATER RESOURCES DEPT.	
		SALEM, OREGON	

Date started 12/19/95 Completed 1/24/96

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 WWC Number 1672
 Signed [Signature] Date 2-16-96

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 WWC Number 1354
 Signed [Signature] Date 2-15-96