

MORE-50765

RECEIVED well # 1

JUL 28 2000

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. # L 39370 START CARD # 122443

Instructions for completing this report are on the last page of this form SALEM, OREGON

(1) OWNER: Name Monty Crum Address PO Box 67 City Tualuma State OR Zip 97843

(9) LOCATION OF WELL by legal description: County Multnomah Township 1 N or S Range 25 E or W. WM. Section 1 NW 1/4 3/4 1/4 Street Address of Well (or nearest address) 72698 BASELINE LN

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment (3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(10) STATIC WATER LEVEL: 84 ft. below land surface. Date 7-17-00

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

(11) WATER BEARING ZONES: Depth at which water was first found 43'

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 298 ft. Explosives used [] Yes [X] No Type Amount

Table with 4 columns: From, To, Estimated Flow Rate, SWL. Rows show data for depths 43, 200, and 250.

Table with 6 columns: Diameter, From, To, Material, From, To, (feet) or pounds. Rows show casing and seal data.

(12) WELL LOG: Ground Elevation

Table with 8 columns: Diameter, From, To, Gauge, Size, Plastic, Welded, Threaded. Rows show casing and liner data.

Table with 4 columns: Material, From, To, SWL. Rows list geological layers like SOIL, Boulders, BLK BASALT, etc.

(7) PERFORATIONS/SCREENS: Table with 8 columns: From, To, Slot size, Number, Diameter, Tubing size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Flowing [] Artesian. Yield 500+ gal/min, Drawdown 270, Time 1 hr.

Date started 7-10-2000 Completed 7-17-00

(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.

Signed [Signature] WWC Number 1702 Date 7-17-00

Temperature of water 68.5 F Depth Artesian 270 ft. Was a water analysis done? [] Yes [] No. Did any strata contain water not suitable for intended use? [] Salty [] Muddy [] Odor [] Colored [] Other

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(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.

Signed [Signature] WWC Number 544 Date 7-17-00

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AUG 23 2000

WATER RESOURCES DEPT SALEM, OREGON

T 11122

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Well # 2
Page of 2

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FEB 20 2001

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.763)

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

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50818

WELL I.D. #1, 43416
WATER RESOURCES DEPT CARD # 127938
SALEM, OREGON

(1) LAND OWNER
Name Martin Clum
Address PO Box 67
City Touff State OR Zip 97843
Well Number L43416

(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 693'
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Blocks	Pounds
16"	0	18'	PORTC.	18'	0	10	
14 3/4"	18'	405'					
12"	405'	693'					

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:

Casing	Diameter	From	To	Lb.	Gauge	Steel	Plastic	Welded	Threaded
	16"	0	18'	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 419

(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	Yield gal/min	Bailer	Drawdown	Air	Drill stem at	Flowing	Artesian	Time
<input checked="" type="checkbox"/>	800'	<input type="checkbox"/>		<input checked="" type="checkbox"/>	690	<input type="checkbox"/>	<input type="checkbox"/>	1 hr.

Temperature of water 68.8°F 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 Morrow Latitude _____ Longitude _____
Township 1 N or S Range 25 E or W. WM.
Section 10 1/4 0 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date 2-15-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 180'

From	To	Estimated Flow Rate	SWL
180'	190'	300'	
350'	362'	400'	
475'	495'	500'	
538'	563'	800'	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	0	11'	
BLK BASALT	11'	80'	
BLK W/BROWN BASALT	80'	90'	86'
BRN W/BRN SCORIA	90'	95'	
BLK W/BRN BASALT	95'	110'	
BLK BASALT	110'	150'	
BLK W/BRN CLAY	150'	180'	
BRN SCORIA	180'	190'	
BRN W/BRN BASALT	190'	208'	
BLK BASALT	208'	225'	
BLK W/BRN CLAY STONE	225'	350'	
BLK W/BRN RED CLY ST.	350'	362'	
BLK BASALT	362'	385'	
BLK W/TAN CLAY ST.	385'	390'	
BLK BASALT	390'	420'	
BLK W/GRY CLAY STONE	420'	475'	
BLK W/GRY SCORIA	475'	495'	
BLK W/BRN W/BRN CLY	495'	520'	
BLK W/GRY CLY ST.	520'	538'	

Date started 1-26-01 Completed 2-14-01
(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.
Signed Randy P. Oate WWC Number 1702 Date 2-15-01

(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.
Signed Jay Burt WWC Number 254 Date 2-15-01

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AUG 23 2010

WATER RESOURCES DEPT
SALEM, OREGON

T 11122

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

WATER RESOURCES DEPT. WELL I.D. # L. 43416
 SALEM, OREGON DEPT CARD # 127938

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

(1) LAND OWNER: Monty Crum Well Number _____
 Name: Monty Crum
 Address: P.O. Box 167
 City: Tone State: OR Zip: 97843

(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 683'
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>See Page 1</u>						

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
<u>SEE Page 1</u>							

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>NA</u>							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>800+</u>		<u>690'</u>	<u>1 hr.</u>

Temperature of water 68.5° 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 Morrow Latitude _____ Longitude _____
 Township 15 N or S Range 24 E or W. WM.
 Section 1 1/4 D 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) NA

(10) STATIC WATER LEVEL:
86' ft. below land surface. Date 2-15-01
 Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 180'

From	To	Estimated Flow Rate	SWL
<u>SEE Page 1</u>			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>DLK SCORIA</u>	<u>538'</u>	<u>563'</u>	
<u>BLK BASALT</u>	<u>563'</u>	<u>595'</u>	
<u>BLK W/GRAY BASALT</u>	<u>595'</u>	<u>693'</u>	

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 MAY 29 2001
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 1-26-01 Completed 2-14-01

(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.
 Signed Rusty Otto WWC Number 1702 Date 2-15-01

(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.
 Signed Jerry Bond WWC Number 544 Date 2-15-01

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 WATER RESOURCES DEPT.
 SALEM, OREGON

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

12-31-2009

(CORRECTION) (9)

WELL LABEL # L 100116

START CARD # 1008927

(1) LAND OWNER

Owner Well I.D.
First Name MONTY Last Name CRUM
Company MONTY CRUM RANCHES LLC
Address PO BOX 121
City IONE State OR Zip 97843

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy

Depth of Completed Well 705.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 12, 0, 18, Bentonite, 0, 18, 17, S

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

[X] Other Poured Bentonite
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 8, 2, 18, .25

Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Table with columns: Perf/S, Casing/Screen, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size

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

[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
500 525 1

Temperature 54 F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
From To Description

(9) LOCATION OF WELL (legal description)

County Morrow Twp 1.00 S N/S Range 25.00 E E/W WM
Sec 1 SW NE 1/4 of the NW NW/4 Tax Lot 100
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [] Nearest address

72698 BASELINE RD - IONE, OR

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Existing Well / Predeepening, Completed Well 12-29-2009 74

WATER BEARING ZONES Depth water was first found 165

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows: 12-29-2009 165 200 50 74; 12-29-2009 210 240 500 74

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Rows: SOIL 0 11; BLACK BASALT 11 65; BROWN SCORIA/TAN CLAYSTONE 65 90; BLACK BASALT 90 165; BLACK SCORIA/W/GREEN CLAYSTONE 165 200; BLACK BASALT 200 210; BLACK SCORIA W/TAN CLAYSTONE 210 240; BLACK BASALT 240 330; BLACK BASALT W/BUE CLAYSTONE 330 340; BROWN BASALT W/ TAN CLAYSTONE 340 360; BLACK BASALT 360 500; BROWN SCORIA 500 522; BLACK BASALT 522 705

Date Started 12-04-2009 Completed 12-29-2009

(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 12-31-2009
Electronically Filed
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 12-31-2009
Electronically Filed
Signed GARRY I. ZOLLMAN (E-filed)
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER RESOURCES DEPT
SALEM, OREGON

T 11122

Form Version: 0.95

AUG 23 2010

WATER RESOURCES DEPT
SALEM, OREGON