

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

MARI 63097
R. Stadel & Sons
Well & Pump Inc.
4385 Stadel Lane NE
Silverton, OR 97381

New Well #1 to replace
MARI-3467
WELL I.D. # L 99823
START CARD # 201580 **3468**

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

(1) LAND OWNER Roth Farms Well Number _____
Name Roth Farms
Address 12433 Hobart Rd NE
City Silverton State OR Zip 97381

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 815 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
14"	0	315	Bentonite	0	7	4 sacks
			Cement	7	315	102 sacks
8"	315	615				

How was seal placed: Method A B C D E
 Other Bentonite Poured & Probed
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: 10"	+1.5	315	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
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 Bailer Air Flowing Artesian
Yield gal/min 500 Drawdown N/A Drill stem at 315' Time 1 hr

Temperature of water 60 Depth Artesian Flow _____
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 (legal description)
County Marion
Tax Lot 1200 Lot _____
Township 8 S Range 1 W WM
Section 28 SE 1/4 NE 1/4
Lat _____ or _____ (degrees or decimal)
Long _____ or _____ (degrees or decimal)
Street Address of Well (or nearest address) S. of 12442 Hobart Rd.
Silverton, OR 97381

(10) STATIC WATER LEVEL
91' 8" ft. below land surface. Date 6/2/10
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 27'

From	To	Estimated Flow Rate	SWL
27	112	DNM	DNM
375	615	500 gpm	91' 8"

(12) WELL LOG

Material	From	To	SWL
Soil	0	1	
Clay Brown Medium	1	18	
Clay Blue Silty	18	27	
Gravel	27	39	
Gravel With Grey Clay	39	50	
Gravel With Brown Clay	50	95	
Sand With Wood	95	112	
Clay Blue	112	120	
Gravel With Clay	120	126	
Clay Grey	126	135	
Clay Blue Sticky	135	179	
Clay Blue-Green Med Gritty	179	220	
Clay Grey Brown & Green	220	241	
Clay Brown	241	280	
Clay Blue Gritty	280	295	
Weathered Rock Soft Brown	295	305	

Date Started 05/14/10 Completed 06/02/10

(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 have been to the best of my knowledge and belief.

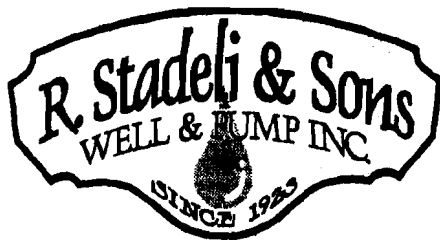
WWC Number 1358 Date 06/03/10
Signed [Signature]

(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.

WWC Number 588 Date 06/14/10
Signed [Signature]

T011594

MARI 63097



4385 Stadelj Lane N.E. • Silverton, Oregon 97381
Phone: 503.873.5245 • Fax: 503.873.2275
Email: rstadelj.sons@verizon.net

WELL ID#	OWNER/BUSINESS NAME	MAILING ADDRESS	CITY/STATE/ZIP
99823	Roth Farms	12433 Hobart Rd. NE	Silverton, OR 97381

WELL ADDRESS	COUNTY	TOWNSHIP	RANGE	SECTION	1/4	1/4	TAX LOT
S. of 12442 Hobart Rd., Silverton	Marion	6S	1W	28	SE	NE	1200

(12) WELL LOG INFO. CONTINUED FROM PREVIOUS PAGE:			
MATERIAL	FROM	TO	SWL
Basalt Grey Hard	305	350	
Basalt Softer Grey	350	375	
Basalt Fractured w/Grey & White Siltstone	375	392	
Basalt Grey Hard	392	403	
Basalt Grey w/White Visicules	403	410	
Basalt Grey Hard	410	413	
Basalt Grey Fractured	413	416	
Basalt Grey Hard	416	495	
Basalt Grey Semi-Visicular	495	505	
Basalt Grey Hard	505	522	
Basalt Grey Semi-Fractured	522	530	
Basalt Grey Hard	530	564	
Basalt Grey Semi-Fractured	564	570	
Basalt Grey Hard	570	615	

RECEIVED

MAY 09 2013

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

JUN 21 2010

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED well #2

RECEIVED

MAY 09 2013 WELL I.D.# L10563

mar
51875

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

JUN - 9 1997

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 951609

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

(1) OWNER: Myrtle Mikkelsen
Name
Address 1008 Pine Street
City Silverton State OR Zip 97384

(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 498 ft.
Explosives used Yes No Type Amount

HOLE SEAL table with columns: Diameter, From, To, Material, Sacks or pounds. Includes entries for Cement at 0-25 and 25-498.

How was seal placed: Method A B C D E
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. Includes entry for 12 inch casing from 0 to 292.

Final location of shoe(s) 292

(7) PERFORATIONS/SCREENS table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes entry for N/A.

(8) WELL TESTS table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes test results at 495 and 210 feet.

Temperature of water 56 Depth Artesian Flow Found
Was a water analysis done? Yes By whom
Did any straw 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 6S N or S Range 14W E or W. WM.
Section 28 SW 1/4 SE 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) Same as Mailing

(10) STATIC WATER LEVEL:
52 ft. below land surface. Date 5/27/97
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 23

Table with columns: From, To, Estimated Flow Rate, SWL. Includes data points for 370-397, 401-493, and 493-525.

(12) WELL LOG:
Ground Elevation

WELL LOG table with columns: Material, From, To, SWL. Lists various soil and rock layers from 0 to 370 feet.

Date started Completed

(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 [Signature] WWC Number 1672 Date 6/5/97

(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 [Signature] WWC Number 1523 Date 6/5/97

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Mari
51875

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WELL I.D.# L10563

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

JUN - 9 1997

WATER RESOURCES DEPT.

(START CARD) # 95669

Instructions for completing this report are on the last page of the form. SALEM, OREGON Page 2 of 2

(1) OWNER: Well Number _____
Name Myrtle Mikkelsen
Address 1698 Pine Street
City Silverton State OR Zip 97381

(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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	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 Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
I 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 Marion Latitude _____ Longitude _____
Township 6S N or S Range 1W E or W. WM.
Section 26 SW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as

(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

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MAY 09 2013

(12) WELL LOG: WATER RESOURCES DEPT
SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
<u>Basalt gray frac</u>	<u>370</u>	<u>397</u>	<u>WB</u>
<u>Claystone hard</u>	<u>397</u>	<u>401</u>	<u>WB</u>
<u>Basalt med porous</u>	<u>401</u>	<u> </u>	<u> </u>
<u>gray</u>	<u> </u>	<u>493</u>	<u>WB</u>
<u>Basalt packed black</u>	<u>493</u>	<u>498</u>	<u>WB</u>

Date started 5/20/97 Completed 5/27/97

(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 John D. S. WWC Number 1672 Date 6/5/97

(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 M. J. S. WWC Number 1523 Date 6/5/97