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NOV 13 2000

Well #1
Columbia River Dairy
Holstein

MORR
50791

WELL I.D. # 41909
START CARD # 91432

STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 537.765)
WATER RESOURCES DEPT.
SALEM, OREGON

Instructions for completing this report are on the back cover of this form.

(1) OWNER: Well Number _____
Name R D OFFUT CO.
Address 75906 Threemile Rd
City Boardman State OR Zip 97818

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other
DRAFT

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

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
20	0	104	Cement	70	112	200 Sks
			pebbles	0	40	48 Sks
16	104	472	Cement	0	472	14 yds
12	472	815				

How was seal placed: Method A B C D E
 Other Dry pellet Expanding plug
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ R. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16	0	104	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	0	472		<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"/>

Final location of shoe(s) 104

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Type/type size	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 Bailor Air Flowing
Yield gallons _____ Drawdown _____ Drill stem at _____ Time _____
750 + _____ _____ _____ 1 hr.

Temperature of water 68° 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 SANDY
Depth of strata: 315 - 423

(9) LOCATION OF WELL by legal description:
County Morrow Latitude _____ Longitude _____
Township 3 N or S Range 23 E or W. WM
Section 26 SW 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
161 ft. below land surface. Date 11-3-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 36

From	To	Estimated Flow Rate	SWL
36	91	20	36
315	423	500	315
548	570	500	127
751	802	500	127

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
silt	0	13 1/2	
cemented gravels	13 1/2	14 1/2	
Tan clay	14	91	36
cemented gravels	91	98	
Black Basalt	98	114	
Blue clay	114	158	
Black Basalt	158	335	
Grey Basalt	335	385	
Black vitricular/clay	385	315	
Blue sandstone	315	423	315
Orange clay	423	461	
Black Basalt	461	548	
visicular basalt	548	570	161
Grey Basalt	570	591	
fractured with clay	591	604	
Grey Basalt	604	751	
visicular Basalt	751	802	
Grey Basalt	802	815	

Date started 9-12-00 Completed 11-3-00

(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. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ Date _____
WWC Number _____

(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 E. Brown Date 11-7-00
WWC Number 759

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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1011660

SEP 25 2013

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED MORR

Well # 2
Columbia River Dairy
Jersey

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

WELL I.D. # 1 41910
START CARD # 91465

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____
Name R.D. OFFUT Co.
Address 75906 Threemile Rd
City Boardman State OR ZIP 97818

(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 835
Explosives used Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	80	Cement	25	40	50 SCS
			Bentonite	0	25	32 SCS
16	80	483	Cement	0	483	14 yds
12	483	835				

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

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded	Liner
	16	0	80	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	12	0	483	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Telephone size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gallons _____ Drawdown _____ Drill stem seal _____ Time _____
Temperature of water 56° 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 Sandy
Depth of strata: 295 - 400 -

(9) LOCATION OF WELL by legal description:
County Morrow Latitude _____ Longitude _____
Township 3 N or S Range 23 E or W. WM.
Section 26 SE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
163 ft. below land surface. Date 1-4-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 64

From	To	Estimated Flow Rate	SWL
64	74	10	64
159	166	40	122
279	375	500	122
348	587	200-50	163
742	802	800	167

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silt	0	14	
Tan Clay	14	74	
Black Basalt	74	159	
visicular Blue Clay	159	166	64
Blue Clay	166	223	122
Black Basalt	223	295	
Blue Clay	295	340	
Sandy Blue Clay	340	375	
Blue Clay	375	400	
Tan Clay	400	416	
Gray Clay	416	468	
Black Basalt	468	548	
visicular Basalt	548	587	163
Black Basalt	587	642	
Gray Basalt	642	742	
visicular Basalt	742	750	
fractured Basalt	750	757	
visicular Basalt	757	780	
fractured Basalt	780	802	
Black Basalt	802	835	

Date started 1-1-00 Completed 1-04-01
(unbonded) Water Well Construction Certification:

I certify that the work 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.
WATER RESOURCES DEPT. WWC Number _____
Signed _____ Date _____

(bonded) Water Well Construction 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.
WATER RESOURCES DEPT. WWC Number 759
Signed J. Brown Date 1-12-01

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SEP 25 2013

WATER RESOURCES DEPT
SALEM, OREGON

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STATE OF OREGON WATER SUPPLY WELL REPORT

Morr 50783

WELL I.D. #1 41908 START CARD # 91431

(1) OWNER: Name R.D. OFFUT Co. Address 95906 3 mile Rd City Boardman OR 97820

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

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 750 ft. Explanation and [] Yes [X] No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Back to ground. Rows include 20, 16, 12 diameters with various materials like cement and gravel.

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

Table for casing/liner with columns: Diameter, From, To, Gang, Steel, Flange, Welded, Threaded. Rows for 16 and 12 diameters.

(7) PERFORATIONS/SCREENS: [] Perforations [] Screens

Table for perforations/screens with columns: From, To, Size, Number, Material, Tubing size, Casing, Liner.

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

Table for well tests with columns: Pump, Bailer, Air, Flowing Artesian, Yield at this, Discharge, Drill stem, Time.

Temperature of water 68° Depth Artesian Flow Found Was a water analysis done? [] Yes [X] No By whom: [] Too little [] Kelly [] Muddy [] Clear [] Colored [] Other

(9) LOCATION OF WELL by legal description: County (Morrow) altitude Township 3 Range 24 Section 17 NW 1/4 SW 1/4 Twp Lot 100 Block Subdivision Street Address of Well (or nearest address) 30000

(10) STATIC WATER LEVEL: 127 ft. below land surface. Date 8-31-00 Artesian pressure (lb. per square inch) Date

(11) WATER BEARING ZONES: Depth at which water was first found 28 ft. Date 08 2000

Table for water bearing zones with columns: From, To, Estimated Flow Rate, SWL. Rows include 28, 321, 428, 535, 658 depths.

(12) WELL LOG: Ground Elevation

Table for well log with columns: Material, From, To, SWL. Rows include 5' LF, Caliche, Top Clay, Black Basalt, Green Basalt, Ulsicular, Blue Clay, Black Basalt, Green Basalt, Blue Clay, Sandy Blue Clay, Green Clay, Black Basalt, Ulsicular, Black Basalt, Ulsicular Basalt, Black Basalt, Green Basalt, Ulsicular, Blue Basalt.

Date started 7-20-00 Completed 8-31-00 (unbonded) Water Well Constructor Certification

I certify that the work 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 [] Date []

(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 certifies is true to the best of my knowledge and belief.

WWC Number 757 Date 9-12-00

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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WATER RESOURCES DEPT SALEM, OREGON

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MORR 50821

Well #4
6 Mile/Willow Cr. Dairy

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

WELL I.D. # L 41911
START CARD # 71466

Instructions for completion of this report are on the back of this form.

(1) OWNER: Well Number _____
Name R D OFFUTT Co
Address 75906 Threemile Rd
City Boardman State OR Zip 97818

(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 775 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
20	0 48	cement	0 48	40	sks
16	48 493	cement	10 483	40	yds
12	493 775				

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:	16	0	48	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	10	493	250	<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"/>

Final location of shoe(s) 48

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>750+</u>		<u>775</u>	<u>1 hr.</u>

Temperature of water 58° 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 3 N or S Range 24 E or W. WM.
Section 19 NW 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
359 ft. below land surface. Date 3-7-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
<u>30</u>	<u>40</u>	<u>50</u>	<u>30</u>
<u>122</u>	<u>161</u>	<u>30</u>	<u>82</u>
<u>367</u>	<u>398</u>	<u>500</u>	<u>182</u>
<u>746</u>	<u>757</u>	<u>750</u>	<u>359</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silt	0	1	
Caliche	1	26	
Sandy Tan Clay	26	40	30
Black Basalt	40	58	
Brown Basalt	58	98	
Black Basalt	98	122	
Visicular/Blue Clay	122	161	82
Black Basalt	161	207	
Grey Silt	207	283	
Blue Clay	283	367	
Sandy Clay	367	398	182
Tan Clay	398	481	
Black Basalt	481	510	
Visicular Basalt	510	552	
Fractured/Blue Clay	552	577	
Visicular	577	595	
Grey Basalt	595	693	
Red Basalt	693	702	
Interbedded Grey Basalt	702	746	
Visicular	746	775	359

Date started 1-9-01 Completed 3-7-01

(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.
WWC Number _____
Signed _____ Date _____

(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 759
Signed J. J. Brown Date 3-10-01

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SEP 25 2013

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

MORR 51237

Well #5
APOA

SEP 25 2013

STATE OF OREGON
WATER RESOURCES DEPT
WATER SUPPLY WELL REPORT SALEM, OREGON
(as required by ORS 537.765)

Morr
51237

WELL I.D. # L 64839
START CARD # 158627

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

(1) LAND OWNER Well Number _____
Name R.D. OFFUT Co.
Address 75906 Threemile rd
City Boardman State OR Zip 97818

(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 980
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	71	Cement	0	71	15 1/2 yds
16	71	995	Cement	0	995	22 1/2 yds
12	995	980				

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: 16	0	71	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	0	995	250	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 495

(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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>1200</u>		<u>980</u>	<u>1 hr.</u>

Temperature of water 72° 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 3 N N or S Range 23 E E or W. WM.
Section 27 NW 1/4 SE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
427 ft. below land surface. Date 7-1-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	63	30	22
160	170	150	29
560	600	350	427
828	835	100	427
925	940	1200	427

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Silt	0	45	22
Caliche	45	63	
Brown Basalt	63	105	
Tan Clay	105	144	
Blue Clay	144	160	
Black micicular	160	170	29
Grey Basalt	170	278	
Black micicular	278	303	
Blue Clay	303	475	
Black Basalt	475	524	
Grey Basalt	524	560	427
Black micicular	560	600	
Black Basalt	600	635	
Grey Basalt	635	748	
Black Basalt	748	828	
micicular Basalt	828	835	
Grey Basalt	835	925	
micicular Basalt	925	940	
Black Basalt	940	980	

Date started 5-2-04 Completed 7-4-04

(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 _____
Signed _____ Date _____

(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 1766
Signed [Signature] Date 7-30-04

1011666