

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

RECEIVED

WATER WELL REPORT

WASCO

STATE ENGINEER, SALEM, OREGON 97310

within 30 days from the date of well completion.

SEP 22 1977

(Please type or print)

(Do not write above this line)

State Well No. 15/14-1700

State Permit No.

WATER RESOURCES DEPT.

003463

(1) OWNER: SALEM, OREGON
Name W. L. Bolton & Neil E. Wiidanen

Address Rt 1, Box 94
Dufur, Oregon 97021

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):
Rotary Driven Domestic Industrial Municipal
Cable Jetted Irrigation Test Well Other
Dug Bored

CASING INSTALLED: Threaded Welded
8" Diam. from 0 ft. to 168 ft. Gage .250

PERFORATIONS: Perforated? Yes No.
Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.

(9) CONSTRUCTION:
Well seal—Material used Cement Grout
Well sealed from land surface to 167 ft.
Diameter of well bore to bottom of seal 10 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 32 sacks
Number of sacks of bentonite used in well seal none sacks
Brand name of bentonite
Number of pounds of bentonite per 100 gallons of water lbs./100 gals.
Was a drive shoe used? Yes No Plugs Size: location ft.
Did any strata contain unusable water? Yes No
Type of water? depth of strata
Method of sealing strata off
Was well gravel packed? Yes No Size
Gravel placed from ft. to

(10) LOCATION OF WELL:
County Wasco Driller's well number
N E 1/4 SW 1/4 Section 17 T.1 S R. 14 E.W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.
Depth at which water was first found 95 ft.
Static level 74 ft. below land surface. Date 8-23-77
Artesian pressure lbs. per square inch. Date

(12) WELL LOG: Diameter of well below casing 8"
Depth drilled 440 ft. Depth of completed well 440 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Soil	0	3	
Rock, broken shale	3	11	
Rock, broken	11	26	
Rock, grey hard	26	81	
Rock, black broken	81	96	65
Rock, Black	96	146	
Rock, porous black	146	156	
Rock, porous grey	156	176	
Rock, grey	176	265	
Rock, porous black	265	315	74
Clay, streak yellow	315	316	"
Rock, porous black	316	326	"
Rock, grey/fine porous	326	331	"
Rock, porous/quartz	331	401	"
Clay, green	401	403	"
Rock, porous grey	403	410	"
Rock, clay seams	410	420	"
Rock, grey hard	420	440	"

Work started Aug. 3 19 77 Completed Aug. 23 19 77
Date well drilling machine moved off of well Aug. 23 19 77

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Gilbert Clayton Date 9-19, 1977
(Drilling Machine Operator)
Drilling Machine Operator's License No. 129

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Gilbert Clayton Well Drilling
(Person, firm or corporation) (Type or print)
Address Rt. 1, Box 61-A, The Dalles, OR 97058
[Signed] Gilbert Clayton
(Water Well Contractor)
Contractor's License No. 569 Date 9-19-77, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*40656-119

JUN 05 2008

WATER RESOURCES DEPT.
SALEM, OREGON

WATER WELL REPORT
STATE OF OREGON

WASCO
003461

RECEIVED

JAN 28 1982

15/4E-17dc
State Well No. _____
State Permit No. _____
Deepening

WATER RESOURCES DEPARTMENT
SALEM, OREGON

(1) OWNER:

Name **WILLIAM L. BOLTON**
Address **RT 1 BOX 94**
City **Dufur Oregon 97021** State _____

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air Driven
Mud Dug
Cased Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal Withdrawal ReInjection

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded

.....6....." Diam. from+1..... ft. to 460..... ft. Gauge250.....
....." Diam. from ft. to ft. Gauge

LINER INSTALLED:

....." Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____

Size of perforations _____ in. by _____ in.

..... perforations from ft. to

..... perforations from ft. to

..... perforations from ft. to

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot Size _____ Set from _____ ft. to

Diam. _____ Slot Size _____ Set from _____ ft. to

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

..... a pump test made? Yes No If yes, by whom?

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Air test _____ gal./min. with drill stem at _____ ft. _____ hrs.

Boiler test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow **455** g.p.m.

Temperature of water **61** Depth artesian flow encountered **563**..... ft.

(9) CONSTRUCTION:

Special standards: Yes No

Well seal—Material used **Cement Grout**.....

Well sealed from land surface to **460**..... ft.

Diameter of well bore to bottom of seal **8**..... in.

Diameter of well bore below seal **6**..... in.

Number of sacks of cement used in well seal **81 + 2 bentonite**..... sacks

How was cement grout placed? **Introduced by grout line to**

460 ft. Pressure pumped by united concrete

pumping to 400+ PSI.....

Was pump installed? **NO**..... Type _____ HP _____ Depth _____ ft.

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? Yes No

Type of Water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? Yes No Size of gravel: _____

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County **WASCO** Driller's well number **82-1**

SW $\frac{1}{4}$ SE $\frac{1}{4}$ Section **17** T. **1S** R. **14E** W.M.

Tax Lot # _____ Lot _____ Blk _____ Subdivision _____

Address at well location: _____

(11) WATER LEVEL: Completed well

Depth at which water was first found **563** ft.

Static level **+** ft. below land surface. Date **2/12/81**

Artesian pressure **122** lbs. per square inch. Date **2/1/82**

(12) WELL LOG:

Diameter of well below casing **6"**.....

Depth drilled **582** ft. Depth of completed well **580** ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
This well was originally drilled by others to a depth of 438 ft.			
Basalt grey very hard	438	563	
Shale black soft W/wood WB	563	582	++
Artesian flow encountered at 563 ft. Wood plugs were used to stop flow. Entire well was pressure grouted and redrilled to 460 ft. Casing installed as shown and pressure grouted to surface. Pressure was held until cement grout set up and the allowed to cure 120 Hrs. + Casing drilled out. Plugs drilled out and aquifer allowed to develop 48 hrs. Well capped with 6" gate valve and required gages.			

Work started **14 Dec.** 19 **81** Completed **18 Jan.** 19**82**

Date well drilling machine moved off of well **24 Jan.** 19**82**

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

(Signed) *James D. Marshall* Date **26/1**, 19 **82**.

(Drilling Machine Operator) License No. **1293**

Drilling Machine Operator's License No. _____

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name **MARINELLI & AUSTIN DRILLING CO.**.....

(Person, firm or corporation) (Type or print)

Address **P.O. BOX 302, The Dalles, OR, 97058**.....

(Signed) *James D. Marshall*.....

(Water Well Contractor) License No. **672**..... Date **26 Jan.** 19 **82**.

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP 12868-690

RECEIVED
JUN 05 2008

WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

05-20-2008

WELL LABEL # L 78919

START CARD # 185217

(1) LAND OWNER Owner Well I.D. _____

First Name BOB Last Name BAILEY
Company ORCHARD VIEW FARMS INC.
Address 4055 SKYLINE ROAD
City THE DALLES State OR Zip 97058

(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 604.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks. Rows show cement seal details for different diameters.

How was seal placed: Method [X] A [] B [X] C [] D [] E
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. Shows casing specifications for 16" and 10" diameters.

Shoe [X] Inside [X] Outside [] Other Location of shoe(s) 456
Temp casing [] Yes Dia _____ From _____ To _____

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

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

Table for well tests with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 59 °F Lab analysis [] Yes By _____
Water quality concerns? [] Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County Wasco Twp 1.00 S N S Range 14.00 E E/W WM
Sec 17 NE 1/4 of the SW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
[] Street address of well [X] Nearest address

66168 BOYD LOOP RD. BOYD

(10) STATIC WATER LEVEL

Table with columns: Existing Well, Predeepening, Date, SWL(psi), SWL(ft). Shows data for completed well on 05-15-2008.

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Shows water bearing zones with SWL from 143 to 378.

(11) WELL LOG

Table for well log with columns: Material, From, To. Lists soil and rock layers from 0 to 447 feet depth.

Date Started 03-05-2008 Completed 05-15-2008

(unbonded) Water Well Constructor Certification

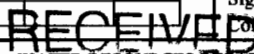
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1790 Date 05-20-2008
Electronically Filed
Signed DOUGLAS C AUSTIN (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 790 Date 05-20-2008
Electronically Filed
Signed CHARLES W AUSTIN (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

JUN 05 2008

WATER RESOURCES DEPT. SALEM, OREGON



Oregon Water Resources Department
PUMP TEST COVER SHEET



Well Owner:

Name Don Belton - contract purchaser
 Address PO Box 331
 City, State, Zip Dufur, OR 97021
 County Wasco

Well Location:

Township 15 (N or S), Range 14E (E or W)
 Section 17 1/4, 1/4, 1/4 NE 1/4 S12 1/4
 Well Depth 582 Date Drilled 8-23-77
 Owner's Well No. (if any) _____
 POD-ID 23102

Water Right Information:

Application No. 9-10640 Permit No. 9-97550 Certificate No. 62499
 Is this well used for more than one water right? _____ (Y/N) If Yes, fill out numbers below:
 App. No. 9-12099 Permit No. 9-11071 Cert. No. _____
 App. No. _____ Permit No. 0 Cert. No. _____

Pending →

Pump Test:

Test conducted by Don Belton Well Owner? yes (Y/N)
 Company _____
 Address PO Box 331 Date of Test 9-11-92
 City, State, Zip Dufur, OR 97021

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Method of Discharge Measurement Timing a flow meter

Method of Water Level Measurement pressure gage

JUN 05 2008

Depth of Air Line (if used) _____

**WATER RESOURCES DEPT.
 SALEM, OREGON**

Pump Type (Turbine, Submersible, etc.) none

Was pump test conducted during normal use of the well no (Y/N)

Description of point from which water level was measured pressure gage on well head

Is measuring point above or below ground level? above

Distance between measuring point and ground level (correction factor) 3 feet

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? no (Y/N) If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Y (Y/N)

If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head: Approximate distance 900 feet

Approximate elevation difference 50 feet

Is well elevation above or below the surface water body? above

Shut in Pressure

Static Water Level Measurements: (Three measurements at least 20 minutes apart are required in the hour before pumping begins):

Time: <u>10 am</u>	Depth to Water: <u>117 psi</u>	(ft/in)
Time: <u>10:20 am</u>	Depth to Water: <u>117 psi</u>	(ft/in)
Time: <u>10:40 am</u>	Depth to Water: <u>117 psi</u>	(ft/in)

Discharge Measurements: (A discharge measurement is required at the start of pumping and once an hour during the test):

Time: <u>11 am prior to test</u>	Discharge Rate: <u>0</u>	(gpm)
Time: <u>12 am</u>	Discharge Rate: <u>40 psi 410</u>	(gpm)
Time: <u>1 pm</u>	Discharge Rate: <u>40 psi 410</u>	(gpm)
Time: <u>2 pm</u>	Discharge Rate: <u>40 psi 410</u>	(gpm)
Time: <u>3 pm</u>	Discharge Rate: <u>40 psi 410</u>	(gpm)

Pump turned on: Date: 9-11-92 Time: 11 am Pump turned off: Date: 9/11/92 Time: 3 pm
 Total pumping time: 4 hours, _____ minutes.

Note: Well must be idle for at least 16 hours prior to the test.

PUMP TEST DATA SHEET

APPLICATION NO. _____ PERMIT NO. _____ P.O.D.-ID _____

All water level measurements must either be in 1) feet and inches, or 2) feet and decimal fractions. (Circle one)

DRAWDOWN DATA

RECOVERY DATA

DATE	TIME	TIME SINCE PUMP STARTED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS	DATE	TIME	TIME SINCE PUMP STOPPED (minutes)	DEPTH TO WATER FROM MEASURING PT	CORRECTION FACTOR	DEPTH TO WATER FROM GROUND LEVEL	COMMENTS
9/11/90	11 Am		+ 117 psi			VALVE SHUT VALVE OPEN	9/11/90	3:00pm					pressure immediately went to 115 psi when shut off
	1:02	0:02	40 psi	-	+85'	410 gpm							
	1:04	0:04	40 psi	-	+85'	"							
	1:06	0:06	40 "	-	+85'	"							
	1:08	0:08	40 "	-	+85'	"							
	1:10	0:10	40 "	-	+85'	"							
	1:15	0:15	40	-	+85'								
	1:20	0:20	40	-	+85'								
	1:25	0:25	40	-	+85'								
	1:30	0:30	40	-	+85'								
	1:45	0:45	40	-	+85'								
	12:00	1:00	40	-	+85'								
	1:15	1:15	40	-	+85'								
	1:30	1:30	40	-	+85'								
	1:45	1:45	40	-	+85'								
	2:00	2:00	40	-	+85'								
	2:15	2:15	40	-	+85'								
	2:30	2:30	40	-	+85'								
	2:45	2:45	40	-	+85'								
	3:00	3:00	40	-	+85'								
	3:15	3:15	40	-	+85'								
	3:30	3:30	40	-	+85'								
	3:45	3:45	40	-	+85'								
	3:00	4:00	40	-	+85'								

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 WATER RESOURCES DEPT.
 SALEM, OREGON