

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

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date of well completion.

MORROW 455
MORROW Old well
WATER WELL REPORT
STATE OF OREGON
(Please type or print)
(Do not write above this line)

MORROW COUNTY
Campbell Ranch Well no. 1
State Well No. _____
State Permit No. **G 4354**

(1) OWNER:

Name **CAMPBELL RANCH, INC.**
Address **STAR ROUTE, ECHO, OREGON 97826**

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Aug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
16" Diam. from 0 ft. to 88 ft. Casing **250**
" Diam. from _____ ft. to _____ ft. Casing _____
" Diam. from _____ ft. to _____ ft. Casing _____

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used _____
Size of perforations in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ 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.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WATER LEVEL: Completed well.

Static level **208** ft. below land surface Date **Mar. 5/69**
Artesian pressure _____ lbs. per square inch Date _____

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No. If yes, by whom? **Columbia Pump**
Yield: **2500** gal./min. with **53** ft. drawdown after **6** hrs.
- **3000** - **100** - **2** -
- - - -
Earlier test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water **70** Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used **CONCRETE**
Depth of seal **42-50** ft.
Diameter of well bore to bottom of seal **24** in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Did any strata contain unsubsided water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
_____ ft. to _____ ft.

(11) LOCATION OF WELL:

County: **MORROW** Driller's well number _____
SW 1/4 SW 1/4 Section **5472** T. **1N** R. **27 E** W.M.
Bearing and distance from section or subdivision corner _____

(12) WELL LOG:

Diameter of well below casing **16 3/4** in.
Depth drilled **892** ft. Depth of completed well **892** 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 as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
* see attached pages			

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WATER RESOURCES DEPT
SALEM, OREGON

Work started Oct. 1 1968 Completed April 17 1969
Date well drilling machine moved off of well April 21 1969

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] *Dennis L. Meier* Date *4/23/69*
(Drilling Machine Operator)

Drilling Machine Operator's License No. *126*

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 *Campbell Ranch, Inc.* (Type or print)
(Person, firm or corporation)

Address *Star Route, Echo, Oregon 97826*
[Signed] *Paul H. Campbell, Pres.*
(Water Well Contractor)

Contractor's License No. _____ Date _____

Campbell Ranch Well No. I

South well

MATERIAL	From	To	SWL
Top soil	0	5	
Cement gravel	5	25	
Brown clay	25	37	
fine gravel	37	40	
Brown clay	40	88	
Basalt (green) hard	88	108	
Clay (green) soft	108	109	
Basalt (green) hard	119	150	
Basalt (black) soft	150	159	
Basalt (grey) medium	159	182	
Basalt (grey) hard	182	197	
Boulders (grey) hard	197	215	
Basalt (black) medium	215	226	
Basalt (grey) medium	226	236	
Sand (black) fine	236	238	Water
Basalt (grey) Hard	238	300	
Clay (dark) caving	300	307	
Basalt (black)	307	333	
Basalt (grey) hard	333	346	
Red rock (Lost cutings, water dropped)	346	357	357
Basalt, Boulders (grey) hard	357	386	
Black basalt, Water, Lost cutings	386	388	203
Basalt (grey, medium) =	388	414	
Basalt (black, medium)	414	430	
Basalt, boulders (grey) =	430	442	
Basalt (black, Soft)	442	459	
Basalt, boulders (grey, hard)	459	497	
Basalt (black, medium) Reduced hole to 12"	497	505	
Basalt, boulders (grey, hard)	505	609	
Brown rock	609	620	
Black rock	620	652	209
Basalt, (grey hard)	652	714	
Basalt (black soft)	714	720	
Red rock (soft)	720	722	
Basalt (black Medium)	722	744	
Basalt (grey, hard)	744	756	
Basalt (black, soft)	756	766	
Red rock (soft)	766	775	
Basalt (black, soft)	775	796	
Red rock (soft)	796	812	
Basalt (Grey Boulders, Hard)	812	897	208

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WATER RESOURCES DEPT
SALEM, OREGON

780 *allo*

MORR 50530

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APR 9 1999

STATE OF OREGON WATER SUPPLY WELL REPORT WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 27572 START CARD # 63028

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

(1) OWNER: Name Perkins Ranch Address 71062 Perkins Rd City Echo State OR Zip 97826 Well Number 64354

(9) LOCATION OF WELL by legal description: County Morrow Latitude Longitude Township 1 N or S Range 26 E or W. WM. Section 5 SW 1/4 SW 1/4 Tax Lot 600 Lot Block Subdivision Street Address of Well (or nearest address)

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

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

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

(10) STATIC WATER LEVEL: 450 ft. below land surface. Date 4-1-99 Artesian pressure lb. per square inch. Date

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 822. Explosives used [] Yes [X] No Type Amount

(11) WATER BEARING ZONES: Depth at which water was first found 450

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds

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

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

(12) WELL LOG: Ground Elevation

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

Table for CASING/LINER with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Table for WELL LOG with columns: Material, From, To, SWL. Contains handwritten notes: Reamed & straightened pump chamber to 7 1/4 with 15" stabilizer. Cleaned well out to 822. metal in bottom of well.

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table for PERFORATIONS/SCREENS with columns: From, To, Slot size, Number, Diameter, Total pipe size, Casing, Liner

Date started 3-20-99 Completed 3-30-99 (unbonded) Water Well Constructor Certification:

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

Table for WELL TESTS with columns: Yield gal/min, Drawdown, Drill stem at, Time

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. Material used and information reported above are true to the best of my knowledge and belief. WWC Number Signed Date

Temperature of water 20 Depth Artesian Flow Found Was a water analysis done? [] Yes By whom

(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 E. Brown Date 4-3-99

Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

T 10721

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

New Well

WELL I.D. # L 68812

START CARD # 162841

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

(1) LAND OWNER Well Number _____
 Name Curt Perkins / Perkins Farm
 Address 71062 Perkin Rd
 City Che State OR Zip 97826

(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 840 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
24	0	83	Cement	0	87	64 ds
16	77	840				

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	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	20	0	77	375	<input 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) 77

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1500+		840	4 Hrs

Temperature of water 68° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom RECEIVED
 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 Morrow
 Tax Lot 600 Lot _____
 Township 1 N or S Range 27 E or W WM
 Section 5 SW 1/4 SW 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL
470 ft. below land surface. Date 12-21-07
 _____ 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
525	547	50	470
603	614	500	470
709	721	500	470
745	794	500	470

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Silt	0	4	
Caliche	4	12	
Clay & Gravels	12	68	
Black Basalt	68	105	
Black Fractured	105	195	
Grey Basalt	195	300	
Brown Basalt	300	312	
Black Basalt	312	345	
Black & Red Basalt	345	385	
Black Basalt	385	435	
Grey Basalt	435	525	
Black & Brown Uiz.	525	547	
Black Basalt	547	603	
Black & Brown Uiz	603	614	
Black Basalt	614	629	

2nd page

Date Started 11-2-07 Completed 12-21-07

(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.

WWC Number _____ Date _____

Signed T 10771

(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 759 Date 12-21-07

Signed JT Bur

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 68812

START CARD # 162841

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

(1) **LAND OWNER** Owner Well I.D.
 First Name Curt Last Name Perkins
 Company Perkins Farm
 Address 71062 PERKINS RD
 City Echo State OR Zip 97826

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

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

(4) **PROPOSED USE** Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) **BORE HOLE CONSTRUCTION** Special Standard: Yes (attach copy)
 Depth of Completed Well 870 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) **CASING/LINER**

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**
 County Marion Twp 10 N or S Range 27 E or W W.M.
 Sec 5 SW 1/4 of the SW 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) SAME

(10) **STATIC WATER LEVEL**

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well				<u>470</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) **WELL LOG** Ground Elevation _____

Material	From	To
<u>Dark Brown Basalt</u>	<u>629</u>	<u>636</u>
<u>Black Basalt</u>	<u>636</u>	<u>644</u>
<u>Grey Basalt</u>	<u>644</u>	<u>709</u>
<u>Red Utricular</u>	<u>709</u>	<u>721</u>
<u>Black Basalt</u>	<u>721</u>	<u>745</u>
<u>Black Utricular</u>	<u>745</u>	<u>776</u>
<u>Fractured Black Basalt</u>	<u>776</u>	<u>870</u>

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 SALEM, OREGON

Date Started 11-2-07 Completed 12-21-07

(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 _____ Date _____
 Signed TJ

(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 759 Date 12-21-07
 Signed TJ
 Contact Info. (optional) _____