Application for a Permit to Use
Ground Water

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME				PHONE (HM)
Marcus W de Lint				541 962 8441
PHONE (WK)	CELL * USE			FAX
	541-786-3300			541 962 8441
ADDRESS				
64154 Case rd				
CITY	STATE	ZIP	E-MAIL*	
Cove	Or	97824		

Organization Information

NAME			PHONE	FAX
ADDRESS				CELL
CITY	STATE	ZIP	E-MAIL*	

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME			PHONE	FAX
ADDRESS				CELL
CITY	STATE	ZIP	E-MAIL*	

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the department electronically. (paper copies of the final order documents will also be mailed.)

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By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

I (we) affirm that the information contained in this application is true and accurate.

Applicant Signature	Print Name *and title if applicable*	Date
Marcus deLint	Marc deLint	1-17-13

For Department Use		
App. No. G-17637	Permit No.	Date

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
irrigation	Mar 1 to Oct 31	691.5

Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.

For irrigation use only:
Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: 230.5 Acres Supplemental: _____ Acres

List the Permit or Certificate number of the underlying primary water right(s): G-15808

Permit ammendment to move G-15808

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 691.5

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: _____
- If the use is **mining**, describe what is being mined and the method(s) of extraction: _____

_____

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance
What equipment will you use to pump water from your well(s)?

☒ Pump (give horsepower and type): 150 hp Turbine

☐ Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.

12" PVC Pipeline, use low pressure sprinkler system.

B. Application Method
What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)

C. Conservation
Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated waste to a surface stream; prevent adverse impact to public use of effected surface waters.

Using best technology available for the crops growing.

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SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

If you would like to store ground water in a reservoir, complete this section *(if more than one reservoir, reproduce this section for each reservoir).*

Reservoir name: N/A Acreage inundated by reservoir: _____

Use(s): _____

Volume of Reservoir (acre-feet): _____ Dam height (feet, if excavated, write "zero"): _____

***Note:** If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.*

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

If you would like to use stored ground water from the reservoir, complete this section *(if more than one reservoir, reproduce this section for each reservoir).*

Annual volume (acre-feet): _____ N/A

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: Upon approval

Date construction will be completed: within 5 yrs.

Date beneficial water use will begin: 1st available irrigation season

SECTION 9: WITHIN A DISTRICT

☐ Check here if the point of diversion or place of use are located within or served by an irrigation or other water district.

Irrigation District Name	Address	
City	State	Zip

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SECTION 10: REMARKS

Use this space to clarify any information you have provided in the application *(attach additional sheets if necessary).*

Tax lots on maps
were written correctly
by Hanley Jenkins, Planning Director.

Land Use Information Form

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
   a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
   b) The application involves a change in place of use only;
   c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
   d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

Land Use

Information Form

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Applicant: Marc W (First) de Lint (Last) de Lint

Mailing Address: 64154 Cose rd

Cove (City) Or (State) 97824 (Zip) Daytime Phone: 541 786 3300

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:	Proposed Land Use:
T2S	39E	7		1000		☐ Diverted ☐ Conveyed ☒ Used	
"	"	8		500		☐ Diverted ☐ Conveyed ☒ Used	
"	"					☐ Diverted ☐ Conveyed ☒ Used	
T2S	39	—		7300		☐ Diverted ☐ Conveyed ☒ Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

☒ Permit to Use or Store Water ☐ Water Right Transfer ☐ Permit Amendment or Ground Water Registration Modification
☐ Limited Water Use License ☐ Allocation of Conserved Water ☐ Exchange of Water

Source of water: ☐ Reservoir/Pond ☐ Ground Water ☐ Surface Water (name) _____

Estimated quantity of water needed: 12.00 ☐ cubic feet per second ☒ gallons per minute ☐ acre-feet

Intended use of water: ☒ Irrigation ☐ Commercial ☐ Industrial ☐ Domestic for _____ household(s)
☐ Municipal ☐ Quasi-Municipal ☐ Instream ☐ Other _____

Briefly describe:

USE water from Union Well 50687 on 230 acers on Tax lots 3400 & 7300.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

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See bottom of Page 3. →

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

☒ Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): 2.02.

☐ Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Use permitted outright

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Name: Hayley Jenkins PE Title: Planning Director

Signature: [signature] Phone: 541-963-1014 Date: 3-11-13

Government Entity: Union County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

Marc W. de Lint

64154 Case Rd

Cove, OR 97824

Water Resources Dept.

725 Summer Street NE Ste A

Salem, OR 97301

November 21, 2014

Attn: Kim French

Re: Letter for Access of Property

Dear Ms. French,

We grant Marc de Lint access to our land and use of the pipeline on it. Thank you.

Sincerely,

Creston Shaw

Cresta de Lint

marc delint

Attn: Jerry

Twp 2S, Range 38 EWM, Section 7:

SE¼, SE¼
SW¼, NE¼ and all that part lying

Twp 2S, Range 39 EWM, [illegible] 3:

SW¼, SW¼
E½, NW¼, SW¼
SE¼, SW¼
SW¼, NE¼
SE¼, NE¼

Scott Hartell
Union County
Associate Planner

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WATER RESOURCES DEPT
SALEM, OREGON

G-17637

Marc DeLint

Attn: Jerry

Twp. 2S, Range 39 EWM, Section 7:

SE¼, SE¼
SW¼, SE¼ east of Railroad

Twp. 2S, Range 39 East, Section 8:

SW¼, SW¼
E½, NW¼, SW¼
SE¼, SW¼
SW¼, SE¼
SE¼, SE¼

Scott Hartell
Union County
Associate Planner

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VERIFIED KL w/applicant. G-17637

50687 · APR 13 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 40698
START CARD # W73877

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

(1) OWNER: Well Number
Name Shaw & Lint - Rudd
Address 60405 Coker Lane / 63324 Alicellin
City La Grande State OR Zip 97850 / Cove 97824

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

(3) DRILL METHOD:
☐ Rotary Air ☒ Rotary Mud ☐ Cable ☐ Auger
☐ Other Air Reverse

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☒ Yes ☐ No Depth of Completed Well 3065'
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
22	0	1513	cement	0	202	200 SK
			cement	1392	1513	150 SK
14 3/4	1513	3065	cement Float Shoe 1			
3			Centralizer Basket	1493 + 1513		

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"	2+	680	375	☒	☐	☒	☐
	16"	680	811	312	☒	☐	☒	☐
	14"	811	1515	312	☒	☐	☒	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Manufactured 3/16 x 3
☐ Screens Type Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
1513	1375	3/16 x 3	3620	14"	.350	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000	100		1 hr.

Temperature of water 124 Depth Artesian Flow Found 300GPM
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:

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(9) LOCATION OF WELL by legal description:
County UNION Latitude Longitude
Township T 2S North S Range 39E E or W WM.
Section 8 SE 1/4 NW 1/4
Tax Lot 3708 Lot Block Subdivision
Street Address of Well (or nearest address) 63324 Alicellin Cove OR. 97824

(10) STATIC WATER LEVEL:
Flowing ft. below land surface. Date
Artesian pressure 11 lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
57	62	Estimated Flow	2'
78	90	300 GPM	
170	174	Total	
541	544		
599	603		

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Top Soil	0	1	
Sand + Clay - Tan	1	4	
Clay Tan - Hard	4	9	
Sand + Clay Tan	9	21	
Clay + Sand Tan	21	34	
Clay Tan	34	57	
Sand	57	62	
Clay + Sand Brown	62	78	
Sand	78	90	
Clay Green	90	170	
Sand	170	174	
Clay + Sand	174	204	
Sandstone + Sand	204	211	
Clay Tan	211	309	
Clay Dark Green	309	407	
Clay Black - SOFT	407	418	
Clay Dark Green - SOFT	418	427	
Sand + Clay Green	427	431	
Sand + Clay Green - HARD	431	448	
Clay Tan - SOFT	448	457	

Date started 2-19-96 Completed 2-15-98

(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 1399
Signed Walter Lowe Date 3-15-13

G-17637

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

Unio
50687

APR 13 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 40698
START CARD # W73877

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

(1) OWNER: Well Number

Name

Address

City State Zip

(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			
Diameter	From	To	Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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 ____ Latitude ____ Longitude ____

Township ____ N or S Range ____ E or W. WM.

Section ____ ____ 1/4 ____ 1/4

Tax Lot ____ Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address)

(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
804	807	50 gpm	2'
834	839	50 gpm	2'
1540	1570	150 GPM →	Flowing
1906	1971	Can't Determine	
2119	2120	" "	

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Clay Tan + Shale HARD	457	476	
Clay Brown + Sandstone Tan	476	481	
Clay Tan + Brown - SOFT	481	538	
Clay Brown Hard	638	541	
Sand Course	541	544	
Clay Brown SOFT + Sandstone Hard	544	564	
Clay Tan + Brown SOFT	564	579	
Clay Tan + Brown + Sand White	579	598	
Sand course + clay	598	603	
Clay Brown SOFT	603	608	
Clay Brown + Sand course	608	621	
Clay Gray SOFT	621	632	
Clay + Shale Brown	637	674	
Clay Brown + Gray SOFT	674	725	
Clay Black SOFT	725	728	
Clay Brown SOFT	728	749	
Clay Gray + Sand Course	749	753	
Clay Gray SOFT	753	779	
Clay Grey-Brown HARD	779	804	
Sand Course	804	807	

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.

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 1399

Signed Walt Lowe Date 3-5-98

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

UNIO
50687

APR 13 2000

WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 40698
START CARD # W73877

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

(1) OWNER: Well Number
Name
Address
City State Zip

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

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

From	To	Slot number	Diameter	Tele/pipe size	Casing	Liner
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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: ____

G-17677

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

(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
2677	2698	120 GPM 103.4	Est Flo
2716	2718	3606PM Temp 107.5	
2731	2738	256PM 106.9	
2756	2767	80GPM	
2770	2799	100GPM	

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Clay Green-Brown SOFT	807	834	
Sand Coarse	834	839	
Clay Green SOFT + HARD	839	857	
Sand + Clay Green	857	989	
Clay Green SOFT	989	1015	
Clay Green + Sand	1015	1024	
Clay Green SOFT	1024	1042	
Clay Green HARD	1042	1052	
Sand + Clay Green	1052	1061	
Clay Green SOFT	1061	1080	
Basalt Black + Pink	1080	1082	
Clay Green SOFT + shale	1082	1089	
Basalt Brown Green Black	1089		
shale Green		1091	
Basalt Brown + shale Green HARD	1091	1132	
Basalt Green HARD + shale Green	1132	1149	
Basalt Black + Clay Green SOFT	1149	1198	
Basalt red + Clay VERY HARD	1198	1204	
Basalt Red - Clay Green -	1204		
shale Green		1217	

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.
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 1399
Signed Walter Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 40698
START CARD # W73877

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

(1) OWNER: Well Number
Name
Address
City State Zip

(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			
Diameter	From	To	Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

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

From	To	Slot size	Number	Diameter	Slot length	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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 ____ Latitude ____ Longitude ____
Township ____ N or S Range ____ E or W. WM.
Section ____ ____ 1/4 ____ 1/4
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____

(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
2879	2897	GPM 20	Flowing
2928	2942	Can't Determine	↓
2961	2969	" "	
3031	3050	" "	
3031	3054	Temp 106.8	↓

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Basalt Black - shale red + gray + clay brown + brown SOFT	1217	1274	
Basalt Gray HARD - Clay Gray SOFT	1274	1441	
Basalt Gray with Brown coating + Clay	1441	1459	
Basalt Brown + Clay Gray	1459	1468	
Shale Orange HARD + Clay Gray SOFT	1468	1487	
Basalt Brown + Clay bed SOFT	1487	1504	
Shale Red + Clay	1504	1570	
Basalt Black + Shale Red	1570	1599	
Basalt Brown not very Hard	1599		
Clay Brown		1631	
Basalt Brown + Black - Shale Brown	1631	1672	
Basalt Brown + Black - Shale	1672		
Brown + Brown HARD		1677	
Basalt Red SOFT	1677		
Shale Brown + Basalt Black		1699	
Basalt Red Brown HARD +	1699		
Shale Gray + Brown HARD		1719	
Basalt Brown Gray Clay Gray Brown	1719	1721	

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.
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 1399
Signed Walter Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 40698

START CARD # N73877

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

(1) OWNER: Well Number

Name

Address

City State Zip

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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: ____

G-17637

(9) LOCATION OF WELL by legal description:

County Latitude Longitude

Township N or S Range E or W. WM.

Section 1/4 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address)

(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

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Basalt Gray + Clay Gray SOFT	1721	1748	
Basalt Gray + Shale Gray + Clay Gray	1748	1906	
Basalt Gravel, Like	1906	1971	
Basalt Gray + Clay Gray	1971	1993	
Basalt Black + Clay Gray	1993	1999	
Basalt Gray VERY HARD	1999	2004	
Basalt Black + Clay Black SOFT	2004		
Shale Gray		2029	
Basalt Black + Clay Gray SOFT	2029	2070	
Basalt Gray + Shale	2070		
Clay Gray + Gray SOFT		2119	
Basalt Gray	2119	2120	
Basalt Black + Clay Gray + Gray	2120	2175	
Basalt Gray HARD + Clay Gray	2175	2222	
Basalt Black + Clay Gray + Shale Gray	2222	2229	
Basalt Gray + Clay Gray + Shale Gray	2229	2261	
Basalt Black + Shale, Gray +	2261		
Clay Gray HARD		2267	
Clay Brown Gray Gray Soft	2267		
+ HARD - Basalt Black		2275	

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.

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 1299

Signed Date

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WATER RESOURCES DEPT.
SALEM, OREGON

Union 50687

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

WELL I.D. # L 40698

START CARD # W73877

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

(1) OWNER: Well Number

Name

Address

City State Zip

(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			
Diameter	From	To	Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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 Latitude Longitude

Township N or S Range E or W WM.

Section 1/4 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address)

(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

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Basalt Black + Brown	2276	2278	
Clay Brown Black Stone	2278		
Basalt Black + Shale		2288	
Basalt Black-Clay Stone Shale Yel	2288	2297	
Basalt Black-Hard Black Clay Stone	2297	2302	
Basalt Black VES.	2302	2329	
Basalt Black	2329	2336	
Basalt Black HARD	2336	2349	
Basalt Brown	2349	2353	
Basalt Green + Clay Stone SOFT	2353	2355	
Shale Green HARD Clay Stone	2355	2357	
Basalt Black + Clay Stone Green	2357	2359	
Basalt Green + Clay Stone HARD	2359	2368	
Basalt Brown + Clay Brown	2368	2382	
Basalt Black + Clay Red SOFT	2382	2387	
Shale Brown Green Stone Red	2387	2390	
Basalt Black + Clay Brown	2390	2394	
Basalt Brown - Shale Green	2394	[illegible]	
Clay Grey - Basalt HARD		2429	
Basalt Green + Shale Green	2429	2448	

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.

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 1399

Signed Walter Lowe Date 3-5-98

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UNIO. 50687

APR 13 2000

WATER RESOURCES DEPT. SALEM, OREGON

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

WELL I.D. # L 40698

START CARD # 173877

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

(1) OWNER: Well Number

Name

Address

City State Zip

(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			
Diameter	From	To	Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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:

G-17637

(9) LOCATION OF WELL by legal description:

County Latitude Longitude

Township N or S Range E or W. WM.

Section 1/4 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address)

(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

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Cinder Red - Slate Green -	2448		
Basalt Black		2468	
Basalt Black-Shale red Green Brown	2468	2476	
Cinder Brown-Tan - Shale Green	2476	2480	
Cinder Red - Shale Green	2480	2482	
Basalt Brown - Clay Brown	2482	2486	
Cinder Brown Black - Shale Green Tan	2486	2503	
Basalt Black + Shale Green Brown	2503	2506	
Basalt Brown + Clay Brown	2506	2510	
Basalt Brown + Clay Brown	2510	2560	
Basalt Black + white - Shale Green	2560	2569	
Basalt Gray + Black spots Shale Green	2568	2581	
Basalt Gray HARD - Clay Gray	2581	2590	
Basalt Black - Shale Green - Cinder	2590		
Brown + Black - Gray - White			
soft cinder VES.		2592	
Cinder Black Brown Blue Green	2592	2594	
Basalt Black - Shale Green Clay Gray	2594	2597	
Basalt Gray - Quartz white - Clay Gray	2597	2599	
Basalt Black - Shale Green HARD	2599	2605	

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.

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 1399

Signed Walt Lowe Date

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Unio. 50687

APR 13 2000

WATER RESOURCES DEPT. SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 40698

START CARD # W73877

(1) OWNER: Well Number

Name

Address

City State Zip

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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(8) WELL TESTS: Minimum ... hour

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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 Latitude Longitude

Township N or S Range E or W. WM.

Section 1/4 1/4

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address)

(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

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Basalt Gray - Shale Brown	2605	2611	
Basalt Black Shale Brown Quartz	2611		
GPM 25 TEMP 91.5		2618	
Basalt Brown + shale Brown Quartz	2618	2627	
Basalt Black + Gray - Red Cinder	2627		
shale Brown		2629	
Shale Black + Brown HARD	2629	2635	
Basalt Gray + Shale Brown	2637	2639	
Basalt Gray - shale Brown Red	2639	2646	
Basalt Gray VES. Quartz White	2646	2648	
Shale Brown - Cinder Red + Black	2648	2650	
Cinder Red + Black - Shale Brown	2650	2653	
Basalt Black - Shale Gray Red	2653	2661	
Cinder Red + Black - shale Brown	2661	2663	
Basalt Black - Clay Gray	2663		
Shale Brown Banana Red		2667	
Basalt Gray - Clay Hard shale	2667		
Brown		2671	
Basalt Brown Clay Gray Hard Brown	2671	2675	
Basalt Brown + Clay Hard	2675	2677	

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.

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 1599

Signed Walter Lowe Date

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WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 40698
START CARD # W73877

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

(1) OWNER: Well Number _____
Name _____
Address _____
City _____ State _____ Zip _____

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tubing / Casing	Liner
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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: _____

G-17677

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

(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

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Basalt Black, Loose	2677		
GPM 120 TEMP 103.4		2698	
Basalt Black	2698	2701	
Basalt Black-Hard Brown-Light Red	2701	2708	
Basalt Black-Cinders, Red	2708	2712	
Basalt Grey Hard Brown HARD	2712		
Quartz		2716	
Basalt Black-Light Grey-Hard Brown	2716		
GPM 350 TEMP 106.6		2718	
Basalt Grey - Hard Brown Loose	2718	2731	
Basalt Black - Quartz with ILES.	2731	2738	
Basalt Black w/Quartz SOFT	2738		
GPM 35 TEMP 106.6		2740	
Basalt Black Clay Brown	2740		
Cinders, Red		2747	
Basalt Grey - Clay Brown	2747	2750	
Basalt Grey Black Clay	2750	?	
Grey - Cinders Red VES		2756	
Basalt Grey-Light Grey-Hard	2756		
GPM 50 TEMP 107.5		2767	

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.
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 1599
Signed Walt Lowe Date _____

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

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

Unit 50687

APR 13 2000

WATER RESOURCES DEPT.
SALEM, OREGON

40698

(START CARD) # W73877

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

(1) OWNER: Well Number

Name

Address

City State Zip

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 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 Latitude Longitude
Township N or S Range E or W. WM.
Section 1/4 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address)

(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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(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Basalt Black - Shale Brown	2767	2769	
Basalt Hard With Brown Tuff	2769		
Quartz white Clay LOOSE		2799	
Basalt Black + Brown Cinder	2799		
Red - Quartz White		2803	
Basalt Hard + Quartz	2803	2811	
Basalt Black VES. Quartz	2811	[redacted]	
Cinder Brown SOFT		2827	
Basalt Hard - Clay Hard	2827	2832	
Basalt Black - Clay VES.	2832	2840	
Basalt Black - Quartz White SOFT	2840	2843	
Basalt Hard - Shale Brown HARD	2843	2845	
Basalt Black - Quartz White SOFT	2845	2849	
Basalt Hard - Shale Brown	2849	2851	
Basalt Black - Shale Brown SOFT	2851	2881	
Basalt Black Hard - Clay Hard HARD	2881	2889	
Basalt Hard + Brown - Cinder Red	2889		
GPM 20		2897	
Basalt Black + Clay Hard	2897	2907	
Basalt Hard - Quartz White	2907	2923	

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.
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 1599
Signed Date

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

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

UNIO 50687

APR 19 2000

WATER RESOURCES DEPT.
SALEM, OREGON

40698

(START CARD) # W73877

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

(1) OWNER: Well Number

Name

Address

City State Zip

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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:

G-17677

(9) LOCATION OF WELL by legal description:

County Latitude Longitude

Township ____ N or S Range ____ E or W. WM.

Section ____ ____ 1/4 ____ 1/4

Tax Lot ____ Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address)

(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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SALEM, OR

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Basalt Black - Shale	2923	2925	
Cinder Black Brown Red Shale	2925	2927	
Basalt Black - Shale Green -	2927		
Cinder Black SOFT		2928	
Basalt Black VES. Quartz White	2928	2942	
Basalt Gray Quartz White Clay Gray	2942	2954	
Basalt Black + Shale Green Quartz	2954	2957	
Basalt Gray - Clay Gray	2957	2969	
Basalt Black Quartz White	2969	2975	
Cinder Brown + Black - Quartz	2975	2977	
Basalt Black + Cinder	2977	2979	
Basalt Gray + Quartz	2979	3004	
Basalt Gray with Brown cast HARD	3004	3020	
Basalt Gray + Green Clay Gray	3020	3031	
Basalt Black VES. Cinder	3031		
Red + Brown + Shale Green			
HARD		3033	
Cinder red + Brown Shale Green SOFT	3033	3036	
Black Shale	3036	3037	
Clay Black SOFT	3037	3038	

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.

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 1399

Signed Date

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Unio 50687

RECEIVED

APR 13 2000

WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 40698

START CARD # N73877

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

(1) OWNER: Well Number _____

Name _____

Address _____

City _____ State _____ Zip _____

(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 Diameter	From	To	SEAL Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 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 _____ Latitude _____ Longitude _____

Township _____ N or S Range _____ E or W. WM.

Section _____ 1/4 _____ 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

(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

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Basalt Black - shale +	3038		
Clay Green SOFT		3093	
Cinder Red & Brown Basalt Blast	3093	3045	
Basalt Black - slightly Porous	3045	3047	
Basalt Black - shale White	3047	3049	
Basalt Black - shale Green	3049	3051	
Basalt Black - Quartz - white silicon	3051	3059	
Basalt Hard clay Green - Quartz	3059	2065	
Basalt Hard clay Green shale Green	3065		

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SALEM, OR

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.

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 1299

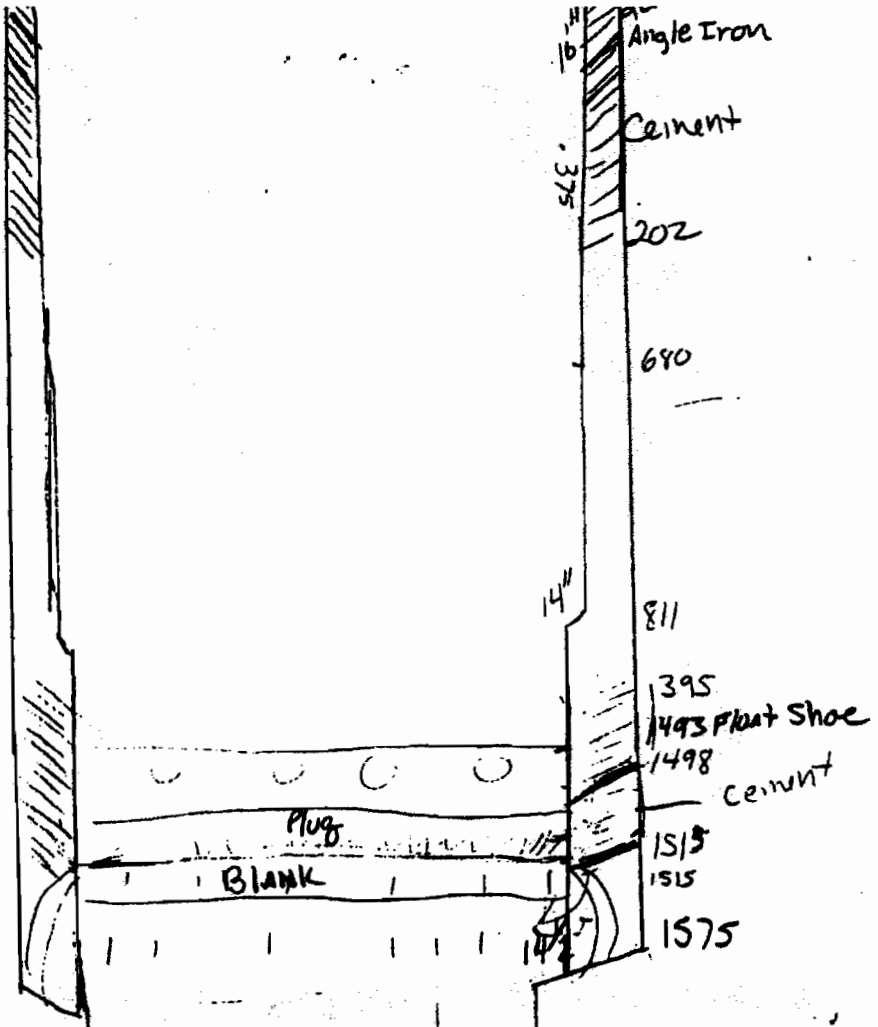
Signed _____ Date _____

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

12

3877.

Flint Shaw Rd



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