

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

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SEP 03 2013

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME MARCUS W. DE LINT		PHONE (HM) 541-963-8441	
PHONE (WK)	CELL 541-786-3300	FAX	
ADDRESS 64154 CASE ROAD			
CITY COVE	STATE OREGON	ZIP 97824	E-MAIL*

Organization Information

NAME DELINT FARMS		PHONE	FAX
ADDRESS 65324 ALICEL LANE			CELL
CITY COVE	STATE OREGON	ZIP 97824	E-MAIL*

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

AGENT / BUSINESS NAME GREGORY BLACKMAN		PHONE 541-963-6771	FAX
ADDRESS 126 RIDGE DRIVE			CELL 541-786-2859
CITY LA GRANDE	STATE ORE	ZIP 97850	E-MAIL* gtblack@eoni.com

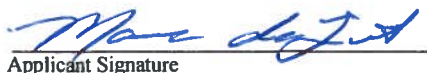
Note: Attach multiple copies as needed

* 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.)

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

Marc de Lint
Print Name and title if applicable

8-21-13
Date

Applicant Signature

Print Name and title if applicable

Date

For Department Use		
App. No. _____	Permit No. _____	Date _____

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SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

Yes

There are no encumbrances.

This land is encumbered by easements, rights of way, roads or other encumbrances.

No

I have a recorded easement or written authorization permitting access.

I do not currently have written authorization or easement permitting access.

Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).

Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

Allen W. Case 64066 Booth Lane, La Grande, Oregon, 97850-5107

Rodney R. and Wendy Anne Case, 64099 Case Road, Cove, Oregon 97824-8407

CASE AG PROPERTIES LLC, 63136 Wallsinger RD. Cove, Oregon 97824-8425

You must provide the legal description of: 1. The property from which the water is to be diverted, 2. Any property crossed by the proposed ditch, canal or other work, and 3. Any property on which the water is to be used as depicted on the map.

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
# 5	Grande Ronde River	More than 2 miles	-50 ft

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	March 1 through October 31	3.0

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: 979.0 Acres Supplemental: 272.0 Acres

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

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 3.0

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

SECTION 5: WATER MANAGEMENT

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A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

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Pump (give horsepower and type): To Be determined after well is drilled

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Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. Water will be conveyed via existing above ground mains and , and proposed new mains to irrigate the new property as shown on accompanying map. The water will be distributed by linear wheel lines and pivots and hand lines to water the corners.

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) We plan to use existing linear wheel lines and new low pressure pivots to cover our crops as needed. We will use hand lines to cover angular areas of our property to properly cover our crops.

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 water to a surface stream; prevent adverse impact to public uses of affected surface waters.

Linear wheel lines will be used to water corners and irregular lands. The linear lines will eliminate watering of roads and prevent waste of water on non crops.

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: NA Acreage inundated by reservoir: _____

Use(s): NA

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): NA

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: October 2013

Date construction will be completed: October 2023

Date beneficial water use will begin: May 2023

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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 NA	Address	
City	State	Zip

SECTION 10: REMARKS

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

Cont: Section 10 REMARKS:

Marc DeLint recently completed the drilling of Well No. 4 under Permit G-15808. He encountered a basalt layer at an elevation of 800 feet. Mr. DeLint intends to drill to a maximum of 1500 feet to get the requested water in this application. We have enclosed the well log of an existing basalt well "UNION 50687" that is a depth of 3000 ft. Marc DeLint does not intend to push the well to the 3000 foot level.

Mr. Delint currently has a permit to drill 4 wells into the aluvial gravels under G-15808. That permit does not include irrigation of the new lands he just purchased, and the wells cannot be expanded to include the new lands. Mr. Delint applied for water from UNION 50687, see application No.G-17637 but the permit is not yet approved. A portion of this application also includes lands within G-17637 and if water is found we will cancel that application and use the new well. Mr. Delint wants to modify Permit G-15808 if he finds the water he needs from this proposed well, or if no water is found, then he will use the water from G-17637, and then do a permit amendment for Permit G-15808 to change the location of some of the irrigated lands listed on Permit G-15808. At any rate Mr. Delint needs to have another source of water to irrigate his property. This past summer has been arid and he has some grass seed under cultivation that is need of water. Hopefully this sheds some light on the overlaps of permits and applications. We are unable to start the permit amendment process until Application G-17637 becomes a permit, as the permit amendment depends on the knowledge that Marc has a source of water for the lands that he is currently irrigating under G-15808 which will be relocated with the permit amendment.

Mr. Delint is aware that there is a permit (G-16539) situated on the case property which is also requesting water from the proposed Delint well. Mr. Delint has discussed this fact with the Case's and all are in agreement, as finances have delayed the Case project. No progress has occurred on the Case property to this date.

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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.

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Land Use Information Form



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Applicant: Marcus W. DeLint First

Last _____

Mailing Address: 64154 Case Road

Cove

City

Oregon
State

97824 Daytime Phone: 541-786-3300
Zip

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:
2S	39 E	7, 8		7300	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	
2S	39E	17, 18		7300 7203	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	
2S	39E	16, 17		6800 6900	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	
2S	39E	17		7000	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	

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

Union County, Oregon

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: ~~2600~~ 1350 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:

Irrigation of grass seed, wheat, ~~corn~~ and other crops.

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.

See bottom of Page 3. →

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Date _____

(For staff use only)



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

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- SECTION 1: _____
- SECTION 2: _____
- SECTION 3: _____
- SECTION 4: _____
- SECTION 5: _____
- SECTION 6: _____
- SECTION 7: _____
- SECTION 8: _____
- SECTION 9: _____
- Land Use Information Form _____
- Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.
- Fees _____

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MAP

- Permanent quality and drawn in ink
- Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)
- North Directional Symbol
- Township, Range, Section, Quarter/Quarter, Tax Lots
- Reference corner on map
- Location of each well, and/or dam if applicable, by reference to a recognized public land survey corner (distances north/south and east/west). Each well must be identified by a unique name and/or number.
- Indicate the area of use by Quarter/Quarter and tax lot clearly identified
- Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary irrigation, supplemental irrigation, or nursery
- Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use)
- Other _____

Notice: The information provided here is for convenience ONLY. The records located at Union County Assessor/Tax Collector's office are the one and only legal instruments for assessment purposes. Although reasonable attempts are made to maintain this information as accurate as possible, these documents are being provided as an informational convenience ONLY. Union County is not, in any way, liable for any inaccuracies, inconsistencies, errors, omissions, or other deviations in these documents from the original copies maintained and filed at the Union County Assessor/Tax Collector's Office, La Grande, Oregon.

Date Web Site was last updated 7/24/2013

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Value and tax information for tax year 2012

SEP 03 2013

Ref#:18832 Type of Property : REAL PROPERTY

SALEM, OR

MAP#	TAX LOT#	A NUM	CODE	PROPERTY CLASS/DESC	ZONE
02S39	7203	0	117	551 FARM USE/EFU/IMP	UC-A1

TL 7203

OWNER:	DELINT, CRESTA ETAL
CONTRACT:	
ETAL(s):	DELINT, MARCUS
	SHAW, CRESTON OR SURV
MAILING ADDRESS:	
	65324 ALICEL LN
CITY/ST:	COVE OR ,97824

PROPERTY ADDRESS: 0

NOTES:

***EFU FARM USE-POTENTIAL ADD TAX
NO VALUES FOR ACCOUNT SINCE IT IS NEW FOR TAX YEAR - 2013**

	REAL MKT VALUE	ASSESSED(TAXABLE) VALUE
LAND	\$0	
STRUCTURES	\$0	
SUBTOT	\$0	\$0
TOTAL	\$0	\$0

13-23408
After recording return to:
Eastern Oregon Title, Inc.
1601 Adams Avenue
La Grande, Oregon 97850

20130727

Until a change is requested all tax statements shall be sent to the following address:
Cresta DeLint
65324 Alice Ln.
Cove, OR 97824

STATUTORY WARRANTY DEED

Stanley W. Case, Grantor, conveys and warrants to Marcus DeLint and Cresta DeLint and Creston Shaw, not as tenants in common, but with the rights of survivorship, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

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PARCEL 2 of PARTITION PLAT 20130005T as filed Feb 14, 2013 in Plat Cabinet "D" Slides 214 and 215 and recorded as Microfilm Document No. 20130541, all in the records of Union County, Oregon

Located in Sections 17 and 18, Township 2 South, Range 39 East, W.M.

- (02S39-7100; Ref. No. 7285)
- (02S39-7200; Ref. No. 7286)
- (02S39-7201; Ref. No. 18177)
- (02S39-7202; Ref. No. 18178)

Subject to life estate of LADELLE J. WOOD and DENNIS WOOD

This property is free from liens and encumbrances, EXCEPT: Those of record

"BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010."

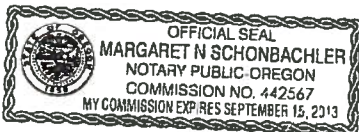
The true consideration for this conveyance is \$613,043.00

Dated this 4 day of March, 2013.

Stanley W. Case
Stanley W. Case

STATE OF OREGON)
)ss.
COUNTY OF UNION)

Signed or attested before me on this 4 day of March, 2013 by Stanley W. Case.



Margaret N. Schonbacher
Notary Public for the State of Oregon
My commission expires: 9-15-13

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SALEM, OR

STATE OF OREGON }
County of Union } SS

I Certify that this instrument was received and recorded in the book of records of said county.

ROBIN A. CHURCH
Union County Clerk



by: Robin Church Deputy
DOC# 20130727
RCPT: 160335 \$50.00
03/04/2013 01:11 PM
REFUND: .00

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): _____.
- 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:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> 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.

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Name: _____ Title: Scott Hartell Associate Planner
 Signature: Scott Hartell Phone: 501 963 1014 Date: 8-21-13
 Government Entity: _____

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: _____

Notice: The information provided here is for convenience ONLY. The records located at Union County Assessor/Tax Collector's office are the one and only legal instruments for assessment purposes. Although reasonable attempts are made to maintain this information as accurate as possible, these documents are being provided as an informational convenience ONLY. Union County is not, in any way, liable for any inaccuracies, inconsistencies, errors, omissions, or other deviations in these documents from the original copies maintained and filed at the Union County Assessor/Tax Collector's Office, La Grande, Oregon.

Date Web Site was last updated 8/23/2013

Value and tax information for tax year 2012

Ref#:7282 Type of Property : REAL PROPERTY

MAP#	TAX LOT#	A NUM	CODE	PROPERTY CLASS/DESC	ZONE
02S39	6900	0	117	551 FARM USE/EFU/IMP	UC-A1

OWNER:	CASE, ALLEN W
CONTRACT:	
ETAL(s):	
MAILING ADDRESS:	
	64066 BOOTH LN
CITY/ST:	LA GRANDE OR ,97850-5107

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 SALEM, OR

PROPERTY ADDRESS: 64067 CASE RD COUNTY

NOTES:

***EFU FARM USE-POTENTIAL ADD TAX**

	REAL MKT VALUE	ASSESSED(TAXABLE) VALUE
LAND	\$363,450	
STRUCTURES	\$28,130	
SUBTOT	\$391,580	\$136,367
TOTAL	\$391,580	\$136,367

PROPERTY TAX INFORMATION

Do not pay this amount! For current balance owing, contact our office. Contact information may be found at this web page [Assessor/Tax Collector](#)

BASE TAX	\$1,386.05
TOTAL BASE TAX & SPECIAL ASSESSMENTS	\$1,386.05

STRUCTURES

#	BLDG CLASS	DESCRIPTION	MAIN SQ FT	UPPR SQ FT	BSMT SQ FT	YEAR BLT	YEAR APPR	MKT VALU
1	324	CLS 4 GENERAL PURPOSE BUILDING	3,000	0	0	1982	2010	\$20,14
2	305	GRAIN BINS (2)	0	0	0	1982	2010	\$4,42
3	315	CLASS 5 MULTI-PURPOSE SHED	400	0	0	1950	2010	\$3,57

LAND DESCRIPTIONS

LINE #	ACRES	LAND CODE	DESCRIPTION	DIMENSIONS	MARKET VALUE
1	0.00	OSD1	WELL & SEPTIC	-	\$19,800
2	1.00	2D	AA3 CLASS 2 DRY MV	-	\$1,500
3	151.50	2D	AA3 CLASS 2 DRY MV	-	\$227,250
4	77.00	3D	AA3 CLASS 3 DRY MV	-	\$107,800
5	3.00	4D	AA3 CLASS 4 DRY MV	-	\$3,900
6	6.27	7D	AA3 CLASS 7 MV	-	\$3,200
TOTAL	238.77				

[NEW SEARCH](#)

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Date Web Site was last updated 8/14/2013

Value and tax information for tax year 2012

Ref#:7280 Type of Property : REAL PROPERTY

MAP#	TAX LOT#	A NUM	CODE	PROPERTY CLASS/DESC	ZONE
02S39	6800	0	117	551 FARM USE/EFU/IMP	UC-A1

OWNER:	CASE, RODNEY R ETAL
CONTRACT:	
ETAL(s):	CASE, WENDY ANNE OR SURV
MAILING ADDRESS:	
	64099 CASE RD
CITY/ST:	COVE OR ,97824-8407

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PROPERTY ADDRESS: 64099 CASE RD COUNTY

NOTES:

***EFU FARM USE-POTENTIAL ADD TAX**

	REAL MKT VALUE	ASSESSED(TAXABLE) VALUE
LAND	\$252,990	
STRUCTURES	\$93,040	
SUBTOT	\$346,030	\$167,621
TOTAL	\$346,030	\$167,621

PROPERTY TAX INFORMATION

Do not pay this amount! For current balance owing, contact our office. Contact information may be found at this web page [Assessor/Tax Collector](#)

BASE TAX	\$1,703.74
TOTAL BASE TAX & SPECIAL ASSESSMENTS	\$1,703.74

BUILDING DESCRIPTIONS**ROOM COUNT (For Structure #1 below)**

NO OF FLOORS	LIV RM	KIT	DIN RM	FAM RM	BED RM	BATH	1/2 BATH	UTIL	OTHER	FP/WS
3	1	1	0	0	7	1	0	1	1	0

STRUCTURES

#	BLDG CLASS	DESCRIPTION	MAIN SQ FT	UPPR SQ FT	BSMT SQ FT	YEAR BLT	YEAR APPR	MKT VALU
1	141	CLASS 4 SINGLE FAMILY DWELLING	1,567	1,267	820	1906	2010	\$70,90
2	101	CLASS 2 DETACHED GARAGE	460	0	0	1920	2010	\$2
3	325	CLS 5 GENERAL PURPOSE BUILDING	2,560	0	0	1950	2010	\$12,8
4	301	CLASS 4 LOFT BARN	1,920	0	0	1920	2010	\$7
5	314	CLASS 4 MULTI-PURPOSE SHED	240	0	0	1960	2010	\$1,80
6	314	CLASS 4 MULTI-PURPOSE SHED	432	0	0	2002	2010	\$3,5
7	100	DECK	320	0	0	2005	2010	\$3,0

LAND DESCRIPTIONS

LINE #	ACRES	LAND CODE	DESCRIPTION	DIMENSIONS	MARKET VALUE
1	0.00	OSD1	WELL & SEPTIC	-	\$19,800
2	1.00	3D	AA3 CLASS 3 DRY MV	-	\$1,400
3	107.00	2D	AA3 CLASS 2 DRY MV	-	\$160,870
4	39.00	3D	AA3 CLASS 3 DRY MV	-	\$54,760
5	12.39	4D	AA3 CLASS 4 DRY MV	-	\$16,160
TOTAL	159.39				

RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

SALES

SEQ #	SALES DATE	SALES AMOUNT	#PARCELS SOLD	DOC TYPE	DOCUMENT NUMBER
1	11/18/1998	\$240,000	1		987128
2	11/18/1998	\$240,000	1		991241

[NEW SEARCH](#)

ARLINE CASE, aka ARLENE CASE, Grantor, conveys and warrants to RODNEY R. CASE and WENDY ANNE CASE, husband and wife, with right of survivorship, Grantees, the following described real property free of encumbrances except as specifically set forth herein situated in Union County, Oregon, to-wit:

SEE ATTACHED EXHIBIT A

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES, AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICE AS DEFINED IN ORS 30.930.

The true consideration for this conveyance is \$240,000.00.

DATED this 18 day of November, 1998.

Arline Case
ARLINE CASE

RECEIVED BY OWRD

SEP 03 2013

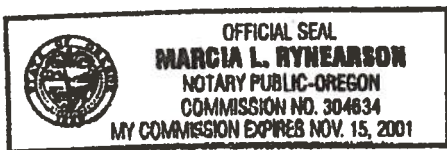
SALEM, OR

STATE OF OREGON)
County of Union)

November 18, 1998

PERSONALLY APPEARED the above named ARLINE CASE, and acknowledged the foregoing instrument to be her voluntary act and deed.

Marcia L. Ryneason
Notary Public for Oregon
My commission expires: 11-15-2001



¹ Until a change is requested, all tax statements shall be sent to the following address:

Rodney R. Case
Wendy Anne Case
63559 Wallsinger Road
Cove, Oregon 97824

After recording, return to:

Eastern Oregon Title, Inc.

**TO
CASE/CASE WARRANTY DEED**

Beginning at a point on the north line of Section 17, in township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon 1320 feet east of the northwest corner of said section, and running thence south 880 feet; thence East 3960 feet to the east line of said section 17; thence North 880 feet to the northeast corner of said section; thence West, along the north line of said section, 3960 feet to the point of beginning.

ALSO, the north half of northwest quarter of section 16, in Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.

EXCEPTING THEREFROM THE FOLLOWING EXCEPTIONS:

1. Taxes for 1998-99: \$1522.07 Total; with a discount of \$45.66; if paid by 11/15/98.
(Account No. 02S39-6800; Code 117; Ref. #7280)
2. Right-of-way for Union County Road No. 79 (Case County Road) across the West side of this property.
3. Easement to Construct, Maintain, and repair underground pipelines and/or mains for the purpose of conveying water over, across, through and under a portion of the north half of the northwest quarter of Section 16 including the terms and provisions thereof as conveyed in Book 152, at page 254, recorded December 28, 1965, Records of Union County, Oregon. Said easement was reaffirmed by an easement recorded March 3, 1998, as Microfilm Document No. 981408.

RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

STATE OF OREGON

County of Union

} SS

I certify that this instrument was received and recorded in the book of records of said county.

R. NELLIE BOGUE HIBBERT,
Union County Clerk

by: *B. Nelson* Deputy.

DOC#: 991241

RCPT: 25275

35.00

3/05/99 2:10 PM

Pursuant to a Contract of Sale dated Nov. 18, 1998, Seller sold to Purchaser the real property described in Exhibit A and by this reference incorporated herein verbatim. Among others, the contract provides as follows:

1. The true and actual consideration for the conveyance stated in dollars is the sum of \$240,000.

2. The Purchaser is prohibited until full payment of the real estate contract or written consent of Seller from cutting timber (if any is conveyed), or selling, transferring, or in any manner conveying or disposing of minerals (including gas and oil) and other parts of the real property.

3. Purchaser's interest may not be assigned, subcontracted, or otherwise transferred in whole or in part, voluntarily or involuntarily without the prior written consent of Seller and compliance with other conditions necessary to the Seller's approval. Reference to the contract is necessary.

SELLER:

By: Arlene Case
ARLINE CASE, aka Arlene Case

RECEIVED BY OWRD

SEP 03 2013

SALEM, OR

PURCHASER:

By: Rodney R. Case
RODNEY R. CASE

By: Wendy Anne Case
WENDY ANNE CASE

STATE OF OREGON)
) ss
County of Union)

On this 18 day of November, 1998, personally appeared before me the above named ARLINE CASE, aka Arlene Case, and, being first duly sworn, did say that she signed the foregoing Memorandum of Contract of Sale.



Marcia L. Ryneason
Notary Public for Oregon
My Commission Expires: 11-15-2001

STATE OF OREGON)
)
County of Union)

ss

On this 16 day of November, 1998, personally appeared before me the above named RODNEY R. CASE and WENDY ANNE CASE, husband and wife, and, being first duly sworn, did say that he signed the foregoing Memorandum of Contract of Sale.



Marcia L. Ryneanson
Notary Public for Oregon
My Commission Expires: 11-15-2001

RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

Beginning at a point on the north line of Section 17, in township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon 1320 feet east of the northwest corner of said section, and running thence south 880 feet; thence East 3960 feet to the east line of said section 17; thence North 880 feet to the northeast corner of said section; thence West, along the north line of said section, 3960 feet to the point of beginning.

ALSO, the north half of northwest quarter of section 16, in Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.

EXCEPTING THEREFROM THE FOLLOWING EXCEPTIONS:

1. Taxes for 1998-99: \$1522.07 Total; with a discount of \$45.66; if paid by 11/15/98.
(Account No. 02S39-6800; Code 117; Ref. #7280)
2. Right-of-way for Union County Road No. 79 (Case County Road) across the West side of this property.
3. Easement to Construct, Maintain, and repair underground pipelines and/or mains for the purpose of conveying water over, across, through and under a portion of the north half of the northwest quarter of Section 16 including the terms and provisions thereof as conveyed in Book 152, at page 254, recorded December 28, 1965, Records of Union County, Oregon. Said easement was reaffirmed by an easement recorded March 3, 1998, as Microfilm Document No. 981408.

RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

STATE OF OREGON

County of Union

SS

I certify that this instrument was received and recorded in the book of records of said county.

R. NELLIE BOGUE HIBBERT,
Union County Clerk

by:  Deputy.

DOC#: 1987128

RCPT: 22931/NTV

40.00

11/19/98 12:02 PM

Notice: The information provided here is for convenience ONLY. The records located at Union County Assessor/Tax Collector's office are the one and only legal instruments for assessment purposes. Although reasonable attempts are made to maintain this information as accurate as possible, these documents are being provided as an informational convenience ONLY. Union County is not, in any way, liable for any inaccuracies, inconsistencies, errors, omissions, or other deviations in these documents from the original copies maintained and filed at the Union County Assessor/Tax Collector's Office, La Grande, Oregon.

Date Web Site was last updated 8/20/2013

Value and tax information for tax year 2012

Ref#:7283 Type of Property : REAL PROPERTY

MAP#	TAX LOT#	A NUM	CODE	PROPERTY CLASS/DESC	ZONE
02S39	7000	0	117	551 FARM USE/EFU/IMP	UC-A1

OWNER:	CASE AG PROPERTIES LLC
CONTRACT:	
ETAL(s):	
MAILING ADDRESS:	
	63136 WALLSINGER RD
CITY/ST:	COVE OR ,97824-8425

RECEIVED BY OWRD
 SEP 03 2013
 SALEM, OR

PROPERTY ADDRESS: 63647 CASE RD COUNTY

NOTES:

***EFU FARM USE-POTENTIAL ADD TAX**

	REAL MKT VALUE	ASSESSED(TAXABLE) VALUE
LAND	\$362,440	
STRUCTURES	\$182,300	
SUBTOT	\$544,740	\$290,554
TOTAL	\$544,740	\$290,554

PROPERTY TAX INFORMATION

Do not pay this amount! For current balance owing, contact our office. Contact information may be found at this web page [Assessor/Tax Collector](#)

640

BASE TAX	\$2,953.25
TOTAL BASE TAX & SPECIAL ASSESSMENTS	\$2,953.25

BUILDING DESCRIPTIONS

ROOM COUNT (For Structure #1 below)

NO OF FLOORS	LIV RM	KIT	DIN RM	FAM RM	BED RM	BATH	1/2 BATH	UTIL	OTHER	FP/WS
2	1	1	1	0	4	2	0	1	1	2

STRUCTURES

#	BLDG CLASS	DESCRIPTION	MAIN SQ FT	UPPR SQ FT	BSMT SQ FT	YEAR BLT	YEAR APPR	MKT VALU
1	141	CLASS 4 SINGLE FAMILY DWELLING	1,964	0	196	1945	2010	\$130,4
2	345	CLASS 5 MACHINE SHED	2,376	0	0	1986	2010	\$20,9
3	325	CLS 5 GENERAL PURPOSE BUILDING	1,920	0	0	1970	2010	\$17,9
4	305	GRAIN BIN	0	0	0	1970	2010	\$2,8
5	324	CLS 4 GENERAL PURPOSE BUILDING	754	0	0	1975	2010	\$9,2
6	301	GRAIN BIN	0	0	0	1995	2010	\$1,0

LAND DESCRIPTIONS

LINE #	ACRES	LAND CODE	DESCRIPTION	DIMENSIONS	MARKET VALUE
1	0.00	OSD1	WELL & SEPTIC	-	\$19,800
2	1.00	2D	AA3 CLASS 2 DRY MV	-	\$1,500
3	168.00	2D	AA3 CLASS 2 DRY MV	-	\$252,000
4	55.00	3D	AA3 CLASS 3 DRY MV	-	\$77,000
5	8.00	4D	AA3 CLASS 4 DRY MV	-	\$10,400
6	3.35	7D	AA3 CLASS 7 MV	-	\$1,740
TOTAL	235.35				

RECEIVED BY OWRD
 SEP 03 2013
 SALEM, OR

SALES

SEQ #	SALES DATE	SALES AMOUNT	#PARCELS SOLD	DOC TYPE	DOCUMENT NUMBER
1	12/26/2002	\$0	2	WD	20027394

[NEW SEARCH](#)

Tract A:

IN TOWNSHIP 2 SOUTH, RANGE 38 EAST OF THE WILLAMETTE MERIDIAN,
IN UNION COUNTY, OREGON

Section 25:

That portion of the West half of Southeast quarter and of the Southwest quarter lying Southeasterly of the right-of-way of the O-W.R.R.&N Co. railroad;

Section 36:

The entire North half.

Tract B:

The East half of Southwest quarter and the Southeast quarter of Section 17, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.

STATE OF OREGON

County of Union

} SS

I certify that this instrument was received and recorded in the book of records of said county.

R. NELLIE BOGUE HIBBERT,
Union County Clerk

by: R. Chura Deputy.

DOC#: 20027394

RCPT: 53524

27.00

12/30/2002 12:18 PM

02-13819

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SEP 03 2013

SALEM, OR

Notice: The information provided here is for convenience ONLY. The records located at Union County Assessor/Tax Collector's office are the one and only legal instruments for assessment purposes. Although reasonable attempts are made to maintain this information as accurate as possible, these documents are being provided as an informational convenience ONLY. Union County is not, in any way, liable for any inaccuracies, inconsistencies, errors, omissions, or other deviations in these documents from the original copies maintained and filed at the Union County Assessor/Tax Collector's Office, La Grande, Oregon.

Date Web Site was last updated 7/24/2013

*TL 7300
(Gross)*

Value and tax information for tax year 2012

Ref#:7400 Type of Property : REAL PROPERTY

MAP#	TAX LOT#	A NUM	CODE	PROPERTY CLASS/DESC	ZONE
02S39	7300	0	118	550 FARM USE/EFU/VACANT	UC-A1

OWNER:	G K FARMS INC
CONTRACT:	DELINT FARMS DBA ETAL CP*
ETAL(s):	DELINT, CRESTA M TRUSTEE CP*
	DELINT, CRESTA M CP*
	DELINT, MAURI C CP*
	DELINT, MARCUS W CP*
MAILING ADDRESS:	
	65324 ALICEL LN
CITY/ST:	COVE OR ,97824-8423

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SEP 03 2013
SALEM, OR

PROPERTY ADDRESS: 0

NOTES:

***EFU FARM USE-POTENTIAL ADD TAX**
BALANCE IN CODE 0117

	REAL MKT VALUE	ASSESSED(TAXABLE) VALUE
LAND	\$84,910	
STRUCTURES	\$0	
SUBTOT	\$84,910	\$25,998
TOTAL	\$84,910	\$25,998

PROPERTY TAX INFORMATION

Do not pay this amount! For current balance owing, contact our office.
 Contact information may be found at this web page [Assessor/Tax Collector](#)

BASE TAX	\$263.32
TOTAL BASE TAX & SPECIAL ASSESSMENTS	\$263.32

LAND DESCRIPTIONS

LINE #	ACRES	LAND CODE	DESCRIPTION	DIMENSIONS	MARKET VALUE
1	41.00	2D	AA3 CLASS 2 DRY MV	-	\$61,500
2	16.72	3D	AA3 CLASS 3 DRY MV	-	\$23,410
TOTAL	57.72				

SALES

SEQ #	SALES DATE	SALES AMOUNT	#PARCELS SOLD	DOC TYPE	DOCUMENT NUMBER
1	12/05/2006	\$0	3	PR	20066719
2	9/17/2003	\$620,000	2	CT	20036423

RECEIVED BY OWRD
 SEP 03 2013
 SALEM, OR

[NEW SEARCH](#)

Pursuant to a Contract of Sale dated September 17th, 2003, **G-K FARM, INC.**, an Oregon Corporation, Seller, sold to **MARINUS J. DELINT, CRESTA M. DELINT, MAURI C. DELINT, and MARCUS W. DELINT, dba DeLint Farms**, Purchaser, the real property described as follows:

Parcel 1 of Partition Plat No. 2000-17 filed August 16, 2000, in Plat Cabinet "B", Slide 577, records of Union County, Oregon.

SITUATE IN Sections 7, 8, 17 and 18, Township 2 South, Range 39 East of the Willamette Meridian in Union County, Oregon.

SUBJECT TO:

1. 2003-2004 taxes (fiscal tax year ending June 30, 2004) are now a lien; amount not yet extended or payable.

Among others, the contract provides as follows:

1. The true and actual consideration for the conveyance stated in dollars is the sum of \$620,000.00. This consideration includes payment of the sums of \$5,000.00 earnest money, in addition to \$201,000.00 down payment, of which \$90,000.00 is for crops and \$116,000.00 is for the residence and barn located on land at 640098 Case Rd., Cove, OR 97824; with the balance of \$414,000.00 paid pursuant to the terms of the Contract of Sale referenced herein.

2. Purchaser's interest may not be assigned, subcontracted, or otherwise transferred in whole or in part, voluntarily or involuntarily with the prior written consent of Sellers and compliance with other conditions necessary to the Sellers' approval. Reference to the contract is necessary.

Until a change is requested all tax statements are to be sent to the following address:

DeLint Farms
65324 Alicel Lane
Cove, OR 97824

After recording, this instrument is to be returned to:

Abstract & Title Company
P. O. Box 489
La Grande, OR 97850

RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

1 – MEMORANDUM OF CONTRACT

TAX LOT 7300

INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

DATED this 17 day of SEPT., 2003.

SELLER:

By: Robert D. Goss Pres.
BOB GOSS, President
G-K FARM, INC.

PURCHASER:

Marinus Delint
MARINUS DELINT
dba DELINT FARMS

Cresta M. Delint
CRESTA M. DELINT
dba DELINT FARMS

Mauri C. Delint
MAURI C. DELINT
dba DELINT FARMS

Marcus W. Delint
MARCUS W. DELINT
dba DELINT FARMS

STATE OF OREGON)
) ss.
County of Union)

This instrument was acknowledged before me this 17th day of September, 2003, by ^{Robert D.} ~~BOB~~ GOSS, as President of G-K FARM, INC., an Oregon Corporation.



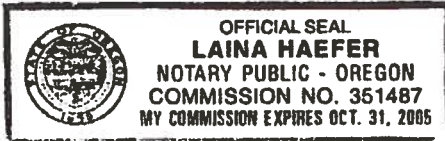
Laina Haefler
Notary Public for Oregon
My Commission Expires 10-31-05

////
////

RECEIVED BY OWFB
SEP 03 2013
SALEM, OR

County of Union) ss.
)

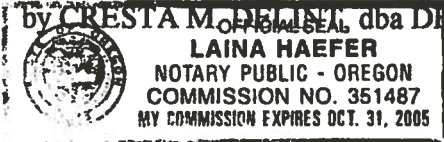
This instrument was acknowledged before me this 17th day of September, 2003,
by MARINUS J. DELINT, dba DELINT FARMS.



Laina Haefler
Notary Public for Oregon
My Commission Expires 10-31-05

STATE OF OREGON)
) ss.
County of Union)

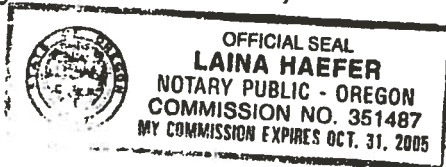
This instrument was acknowledged before me this 17th day of September, 2003,
by CRESTA M. DELINT, dba DELINT FARMS.



Laina Haefler
Notary Public for Oregon
My Commission Expires _____

STATE OF OREGON)
) ss.
County of Union)

This instrument was acknowledged before me this 17th day of September, 2003,
by MAURI C. DELINT, dba DELINT FARMS.



Laina Haefler
Notary Public for Oregon
My Commission Expires 10-31-05

STATE OF OREGON)
) ss.
County of Union)

This instrument was acknowledged before me this 17th day of September, 2003,
by MARCUS W. DELINT, dba DELINT FARMS.



Laina Haefler
Notary Public for Oregon
My Commission Expires 10-31-05

RECEIVED BY OWNER
SEP 03 2013
SALEM, OR

STATE OF OREGON

County of Union

} SS

I certify that this instrument was received and recorded in the book of records of said county.

R. NELLIE BOGUE HIBBERT,
Union County Clerk

by:  Deputy.

DOC#: 20036423
RCPT: 60865 37.00
9/23/2003 3:10 PM
REFUND: .00

RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

271

AFTER RECORDING RETURN TO:
Abstract & Title Co.
P.O. Box 489
LaGrande, OR 97850

20066719

AT44905

Until a Change is Requested
All Tax Statements Shall be
Sent to the Following Address:

RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

No Change

NAMES OF PARTIES TO THIS DOCUMENT

GRANTOR:

GRANTEE:

STEVEN D. GOSS, Personal
Representative of the Estate
of Kenton E. Goss

G-K FARMS, INC.

The true and actual consideration stated in terms of dollars is none. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration.

DEED OF PERSONAL REPRESENTATIVE

STEVEN D. GOSS, the duly appointed, qualified, and acting Personal Representative of the Estate of Kenton E. Goss, deceased (hereinafter "Grantor") conveys to G-K FARMS, INC. (hereinafter "Grantee"), all of the Estate's right, title, and interest in and to the following described real property situated in the County of Union, State of Oregon:

Parcel 1 of Partition Plat No. 2000-17 filed August 16, 2000, in Plat Cabinet "B", Slide 577, records of Union County, Oregon.

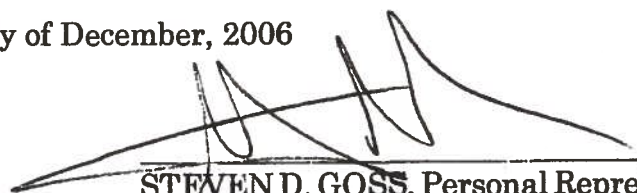
SITUATE IN Sections 7, 8, 17 & 18, Township 2 South, Range 39 East of the Willamette Meridian in Union County, Oregon.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF

TAX LOT 7300

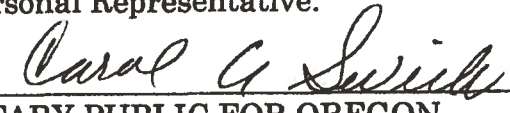
APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 197.352.

Dated this 5th day of December, 2006


STEVEN D. GOSS, Personal Representative of
the Estate of Kenton E. Goss, Deceased.

STATE OF OREGON)
) ss.
County of Clackamas)

The foregoing instrument was acknowledged before me this 5th day of December, 2006, by STEVEN D. GOSS, Personal Representative.


NOTARY PUBLIC FOR OREGON



RECEIVED BY OWRD
SEP 03 2013
SALEM, OR

STATE OF OREGON
County of Union } SS

I certify that this instrument was received and recorded in the book of records of said county.

R. NELLIE BOGUE HIBBERT,
Union County Clerk

by:  Deputy.

DOC#: 20066719
RCPT: 122321 27.00
12/22/2006 3:12 PM
REFUND: .00

RECEIVED

UNIO 50687 APR 13 2000

STATE OF OREGON WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT. OREGON

WELL I.D. # 40698 START CARD # W73877

(1) OWNER: Name Show + DE LINT-Rudd Well Number

Address 6405 GEEKER LANE/65324 ALICE LN City LAGANDE State OR Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [X] Yes [] No Depth of Completed Well 300' Explosives used [] Yes [X] No Type Amount

HOLE SEAL table with columns: Diameter, From, To, Material, Sacks or pounds. Includes entries for cement and float shoe.

How was seal placed: Method [X] A [] B [X] C [] D [] E [] Other Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes entries for 16" and 14" casing.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes entry for 3/16 x 3 screen.

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

Well test results table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes entry for 1000 yield and 100 drawdown.

Temperature of water 124 Depth Artesian Flow Found 300 GPM Was a water analysis done? [] Yes By whom [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other

(9) LOCATION OF WELL by legal description: County UNION Latitude Longitude Township T25E Mer 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) 65324 ALICE LN 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'

Water bearing zones table with columns: From, To, Estimated Flow Rate, SWL. Includes entries for 37-62, 78-90, 178-174, 541-544, 598-603.

(12) WELL LOG: Ground Elevation RECEIVED BY OWRD

Well log table with columns: Material, From, To, SWL. Lists various soil and rock layers from top soil to clay tan.

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.

Signed _____ Date _____ WWC Number _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

Signed G. W. Lowe WWC Number 1399 Date 3-15-99

RECEIVED

UN10
50687

APR 13 2000

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

WATER RESOURCES DEPT.
OREGON

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

Instructions for completing this report are on the last page of the 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			Sacks or pounds
Diameter	From	To	Material	From	To	

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

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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	1976	2" Turbine	1
2119	2180	"	1

(12) WELL LOG: Ground Elevation _____ SEP 03 2013

Material	From	To	SWL
Clay Tan + Shale HARD	457	476	
Clay Green + Sandstone Tan	476	481	
Clay Tan + Brown - SOFT	481	538	
Clay Green Hard	538	541	
Sand. Course	541	544	
Clay Green SOFT + Sandstone Gray HARD	544	564	
Clay Tan + Brown SOFT	564	579	
Clay Tan + Brown + Sand. White	579	598	
Sand. course + clay	598	603	
Clay Green SOFT	603	608	
Clay Green + Sand. course	608	621	
Clay Green SOFT	621	632	
Clay + Shale Brown	637	674	
Clay Green + Gray SOFT	674	725	
Clay Black SOFT	725	728	
Clay Green SOFT	728	749	
Clay Gray + Sand. Course	749	753	
Clay Green SOFT	753	779	
Clay Green - Green 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 1379
Signed Walt Irvine Date 3-5-98

RECEIVED

UN10
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. #1 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

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> 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
2677	2698	120 GPM	103.4
2716	2718	360 GPM	Temp 107.5
2731	2738	356 GPM	106.9
2756	2767	500 GPM	
2770	2799	100 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Green - Blue SOFT	807	834	
Sand coarse	834	839	
Clay Green SOFT + HARD	839	857	
Sand + Clay Green	857	909	
Clay Green SOFT	909	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 Gray HARD + shale Green	1132	1149	
Basalt Black + Clay Green SOFT	1149	1190	
Basalt red + Green VERY HARD	1190	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.
WVC 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.
WVC Number 1399
Signed Wally Lowe Date _____

RECEIVED

4 of 7

STATE OF OREGON WATER SUPPLY WELL REPORT

UN10 50687

APR 13 2000

WELL I.D. # 40698 START CARD # W73877

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

WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Name, Address, City, State, Zip, Wall Number

(2) TYPE OF WORK: New Well, Deepening, Alteration, 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, Depth of Completed Well, Explosives used

HOLE SEAL table with columns for Diameter, From, To, Material, Sacks or pounds

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

Backfill placed from, Gravel placed from

(6) CASING/LINER table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS table with columns for From, To, Slot size, Number, Diameter, Material, Casing, Liner

(8) WELL TESTS: Pump, Bailer, Air, Flowing Artesian, Yield, Drawdown, Drill stem at, Time

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?, Depth of strata

(9) LOCATION OF WELL by legal description: County, Latitude, Longitude, Township, Range, Section, Tax Lot, Block, Subdivision, Street 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

Water bearing zones table with columns for From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Well log table with columns for Material, From, To, SWL

(unbonded) Water Well Constructor Certification: I certify that the work I performed... WWC Number, Signed, Date

(bonded) Water Well Constructor Certification: I accept responsibility for the construction... WWC Number 1399, Signed, Date

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STATE OF OREGON WATER SUPPLY WELL REPORT

UN10 50687

APR 13 2000

WELL I.D. # 40698 START CARD # N73877

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

(1) OWNER: Well Number SALEM, OREGON

Name Address City State Zip

(2) TYPE OF WORK New Well Deepening Alteration 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

Table with columns: HOLE Diameter, SEAL 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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner

(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 at, Time

Temperature of water Depth Artesian Flow Found Was a water analysis done? Did any strata contain water not suitable for intended use? 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

Table for water bearing zones with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Well log table with columns: Material, From, To, SWL. Includes handwritten entries like Basalt Gray + Clay Shale SOFT, Basalt Shale + shale Gray + Clay Gray, Basalt Gravel, like, Basalt Gray + Clay Gray, Basalt Black + Clay Gray, Basalt Gray VERY HARD, Basalt Black + clay Black SOFT, Spale Shale, Basalt Black + Clay Gray SOFT, Basalt Shale + shale, clay Gray + Gray SOFT, Basalt Gray, Basalt Black + clay Gray, Gray, Basalt Gray HARD + Clay Gray, Basalt Black + Clay Gray + shale Gray, Basalt Gray + Clay Gray + shale Gray, Basalt Black + shale, Gray + clay Gray HARD, Clay Basalt Gray + Gray SOFT + HARD - Basalt Black

Date started Completed

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

Signed WWC Number Date

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed WWC Number 1399 Date

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6 of #1

UN10
50687

APR 13 2000

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

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

WATER RESOURCES DEPT.
SALEM, OREGON

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

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

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 Green	2278		
Basalt Black + Shale		2288	
Basalt Black - Clay Green Shale Green	2288	2297	
Basalt Black - Mdk. Black Clay Gray	2297	2302	
Basalt Black VES.	2302	2329	
Basalt Black	2329	2336	
Basalt Black HARD	2336	2349	
Basalt Gray	2349	2353	
Basalt Green + Clay Green SOFT	2353	2355	
Shale Green HARD Clay Green	2355	2357	
Basalt Black + Clay Gray Green	2357	2359	
Basalt Gray + Clay Green HARD	2359	2368	
Basalt Gray + Clay Gray	2368	2382	
Basalt Black + Clay Red SOFT	2382	2387	
Shale Brown Gray Green Red	2387	2390	
Basalt Black + Clay Gray	2390	2394	
Basalt Gray - shale Green	2394		
Clay Gray - 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 Lane Date 3-5-98

UN10
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			Sacks or pounds
Diameter	From	To	Material	From	To	

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

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian

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
Cinder Red - Shale Green -	2448		
Basalt Black		2468	
Basalt Black-shale red then brown	2468	2476	
Cinder Brown top - shale green	2476	2480	
Cinder Red - Shale Green	2480	2482	
Basalt Gray - Clay Gray	2482	2486	
Cinder Brown Black-shale Green top	2486	2502	
Basalt Black + Shale Green Mass	2503	2506	
Basalt Green + Clay Gray	2506	2510	
Basalt Gray + Clay Gray	2510	2560	
Basalt Black + white - shale green	2560	2569	
Basalt Gray + Black spots shale top	2569	2581	
Basalt Gray HARD - Clay Gray	2581	2590	
Basalt Black - shale Green - Cinder	2590		
Brown Black - quartz - white			
red 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 Wally Jones Date _____

4110
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			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing
Yield gal/min Drawdown Drill stem at Time

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 Green	2605	2611	
Basalt Black shale Green Quartz	2611		
GPM 25 TEMP 91.5		2618	
Basalt Gray + shale Green Quartz	2618	2627	
Basalt Black + Gray - Red Limestone	2627		
shale Green		2629	
Shale Black + Green HARD	2629	2635	
Basalt Gray + Shale Green	2635	2639	
Basalt Gray - Shale Green Red	2639	2646	
Basalt Gray NES Quartz white	2646	2648	
Shale Green - Limestone Red + Black	2648	2650	
Limestone Red - Black - Shale Green	2650	2653	
Basalt Black - Shale Green Red	2653	2661	
Limestone Red + Black - Shale Green	2661	2663	
Basalt Black - Clay Gray	2663		
Shale Green Brown Red		2667	
Basalt Gray - Clay Gray shale	2667		
Green		2671	
Basalt Green Clay Gray Shale Green	2671	2675	
Basalt Gray + Clay Gray	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 Walt Jones Date _____

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APR 13 2000

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 report.

WATER RESOURCES DEPT.
SALEM, OREGON

(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: _____

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

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 Loose	2677		
GPM 120 TEMP 103.4		2698	
Basalt Black	2698	2701	
Basalt Black-shale then fine sand	2701	2708	
Basalt Black-Cinder Red	2708	2712	
Basalt Gray shale then HARD	2712		
Quartz		2716	
Basalt Black-then then shale then	2716		
GPM 350 TEMP 106.6		2718	
Basalt Gray-shale then loose	2718	2731	
Basalt Black-Quartz white VES	2731	2738	
Basalt Black-Quartz SOFT	2738		
GPM 35 TEMP 106.6		2740	
Basalt Black Clay Gray	2740		
Cinder Red		2747	
Basalt Gray-Clay Gray	2747	2750	
Basalt Gray Black Clay	2750		
Gray-Cinder Red VES		2756	
Basalt Gray Clay then shale	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 1899

Signed Walt Lane Date _____

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

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APR 13 2000

(START CARD) # W73877

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

WATER RESOURCES DEPT. SALEM, OREGON

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

(2) TYPE OF WORK: New Well, Deepening, Alteration, 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, Depth of Completed Well, Explosives used

HOLE SEAL table with columns for Diameter, From, To, Material, Sacks or pounds

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

Backfill placed from, Gravel placed from

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

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Material, Casing, Liner

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

Well Tests table with columns for Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?, Depth of strata

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

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

(11) WATER BEARING ZONES: Table with columns for From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

Well Log table with columns for Material, From, To, SWL

Date started, Completed

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief. Signed, Date, WWC Number

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. Signed, Date, WWC Number

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11 of #
40698

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

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50687

APR 13 2000

(START CARD) # W73877

Instructions for completing this report are on the last page of this WATER RESOURCES DEPT. SALEM, OREGON

(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

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Pump Bailer Air Flowing Artesian
Yield gal/min _____ 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	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 red ART	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 *Wally Lane* Date _____

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

WELL I.D. # 40698
START CARD # W73877

WATER RESOURCES DEPT.
SALEM, OREGON

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

(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

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artisian
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 _____
Arterian 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 _____ SALEM, OH

Material	From	To	SWL
Basalt Black-shale + clay green SOFT	3038	3043	
Clay green SOFT			
Clay Red-Brown Basalt Black	3043	3045	
Basalt Black-shaly clay	3045	3047	
Basalt Black-shale white	3047	3049	
Basalt Black-shale clay green	3049	3051	
Basalt Grey Quartz-white silicon	3051	3054	
Basalt Grey clay grey - Quartz	3054	3065	
Basalt Grey clay grey shale thin	3065		

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Walt Jones WWC Number 1299
Date _____

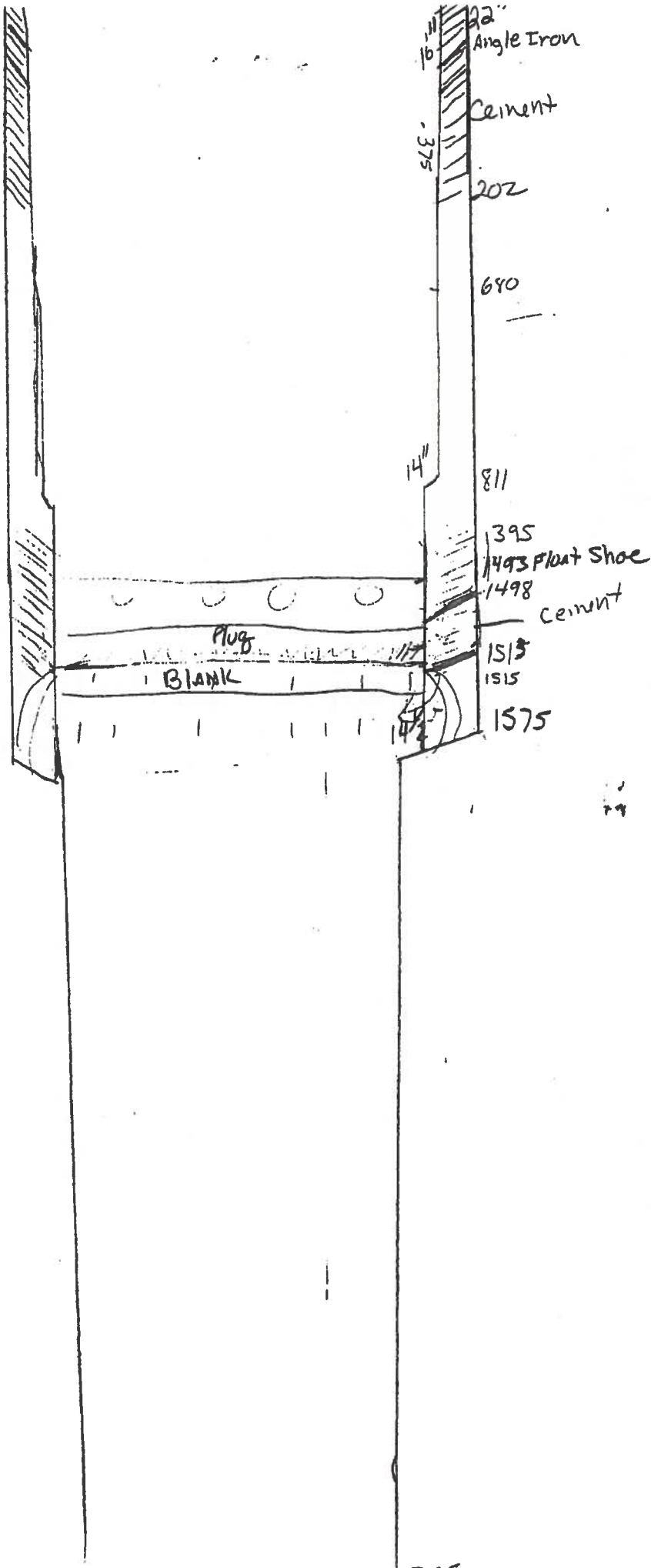
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WATER RESOURCES DEPT.
SALEM, OREGON



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