

# Application for a Permit to Use Ground Water



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

## SECTION 1: APPLICANT INFORMATION AND SIGNATURE

### Applicant Information

NAME Mauri Delint AND CRESTA DELINT		PHONE (HM) (541) 786-3937	
PHONE (WK)	CELL (541) 786-3937	FAX	
ADDRESS 65857 Alicel Lane			
CITY Cove	STATE OR	ZIP 97824	E-MAIL* FARMRDEL@YAHOO.COM

### Organization Information

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

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

AGENT / BUSINESS NAME Molly Reid, EA Engineering, Science & Technology, Inc.		PHONE (509) 591-0490	FAX
ADDRESS 8019 W. Quinault Avenue, Suite 201			CELL (541) 310-7264
CITY Kennewick	STATE WA	ZIP 99336	E-MAIL* mreid@eaest.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.)

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### By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application. SALEM, OR
- 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

Applicant Signature

Mauri Delint  
Print Name and title if applicable

Cresta M. Delint  
Print Name and title if applicable

8-29-17  
Date

8-29-17  
Date

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

**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*).

Joann Parsons (Speckhart Farms, LLC) 63970 McDonald Lane, LaGrande, OR 97850 Tax Lot 2400,  
Cresta DeLint (Shaw Delint Farms, LLC) 65324 Alicel Lane, Cove, OR 97824, Tax Lot 200 of 2S 39E Section 8  
– well UNIO 50687.

***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
1	Grande Ronde River	2 miles approximately	
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			SALEM, OR

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*).

Well Log UNIO 50687 is attached

**SECTION 3: WELL DEVELOPMENT, CONTINUED**

Total maximum rate requested: 1.95 cfs (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

**The table below must be completed for each source to be evaluated or the application will be returned.** If this is an existing well, the information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner to obtain the necessary information.

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNIO 50687	<input type="checkbox"/>	16"-14"	SEE	WELL	LOG		basalt aquifer	3065' bgs	1000 gpm	644.4 acre feet
	<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"/>									

\* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.  
 \*\* A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.  
 \*\*\* Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

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**SECTION 4: WATER USE**

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Primary Irrigation	March 1-October 31	468.0 acre feet

**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: 156.0 Acres                      Supplemental: 0 Acres

List the Permit or Certificate number of the underlying primary water right(s): N/A

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: 468.0

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

**SECTION 5: WATER MANAGEMENT**

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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): 150 hp turbine

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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 pumped from well to 10 inch buried pvc mainline to above ground portable 10 inch mainline, to four wheel lines. Applicant will be working with NRCS to improve water efficiency.

**B. Application Method**

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler) Initially will be using mainlines and wheel lines and eventually converting to pivot and wheel line.

**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.

Working with NRCS to develop a conservation strategy. Will watering at night to decrease evaporation. and using water saving sprinklers for the wheel lines.

**SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR**

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

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

Use(s): N/A

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

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

**SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR**

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

Annual volume (acre-feet): N/A

USE OF STORED GROUND WATER	PERIOD OF USE
N/A	N/A

**SECTION 8: PROJECT SCHEDULE**

Date construction will begin: Well has already been constructed.

Date construction will be completed: Irrigation and mainline construction could be completed within one year of permit issuance.

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Date beneficial water use will begin: Within one year of permit issuance.

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**SECTION 9: WITHIN A DISTRICT**

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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 Alicel Irrigation District	Address 65101 Imbler Road	
City Cove	State OR	Zip 97824

**SECTION 10: REMARKS**

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

The proposed well for this groundwater application (UNIO 50687) is an authorized POA for permit G-12399. The GPS location of this well provides a more accurate location description and is being provided on this current groundwater application.

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Attachment #1  
Groundwater Application Map  
Groundwater Application for Mauri and Cresta DeLint

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Attachment #2  
Land Use Form  
Groundwater Application for Mauri and Cresta DeLint

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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

Applicant(s): Mauri Delint

Mailing Address: 65857 Alicel Lane

City: Cove

State: OR

Zip Code: 97824

Daytime Phone: (541) 786-3937

## 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:
<u>2S</u>	<u>39E</u>	<u>5</u>	<u>SESW</u> <u>SWSE</u>	<u>2400</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>Irrigation</u>
<u>2S</u>	<u>39E</u>	<u>8</u>	<u>NWNE</u> <u>NENW</u>	<u>2400</u>	<u>EFU</u>	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	<u>Irrigation</u>

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

Union

## 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: 468.0     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:

The applicant proposes to use primary groundwater on 156 acres in section 5 and 8 for new 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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# 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
	<b>RECEIVED BY OWRD</b>	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	SEP 25 2017	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	<b>SALEM, OR</b>	<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.

Name: Scott Hartell Title: Planning Director  
 Signature: Scott Hartell Phone: 5419631014 Date: 3-21-17  
 Government Entity: Union County

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

**Receipt for Request for Land Use Information**



Applicant name: \_\_\_\_\_  
 City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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Attachment #3  
Well Log – UNIO 50687  
Groundwater Application for Mauri and Cresta DeLint

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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. #1 40698 START CARD # W73877

RECEIVED BY: [Signature] SEP 25 2017 SALEM, OR

Instructions for completing this report are on the last page.

(1) OWNER: Well Number [Blank] Name SHAWN DE LINT-RUDD Address 6405 GEEKER LANE/65324 ALICE LN City LAGRANDE State OR Zip 97850

(2) TYPE OF WORK: [X] New Well [ ] Deepening [ ] Alteration [ ] Abandonment / COVE 97824

(3) DRILL METHOD: [ ] Rotary Air [X] Rotary Mud [ ] Cable [ ] Auger [ ] Other AIR 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 326.5 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 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: [X] Perforations Method MANUFACTURE 3/4x3 [ ] Screens Type Material

Perforations table with columns: From, To, Slot size, Number, Diameter, Tubing size, Casing, Liner. Includes entry for 1513 to 1575.

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

Well Test 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 300GPM Was a water analysis done? [ ] Yes By whom Did any strata contain water not suitable for intended use? [ ] Too little [ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other

(9) LOCATION OF WELL by legal description: County UNION Latitude Longitude Township T2E Near S Range 39E Section 8 SE 1/4 NW 1/4 R Tax Lot 3702 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 19'

Water Bearing Zones table with columns: From, To, Estimated Flow Rate, SWL. Includes entries for 37-62, 78-90, 176-174, 541-544, 598-603.

(12) WELL LOG: Ground Elevation

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. Materials used and information reported above are true to the best of my knowledge and belief. Signed [Signature] WWC Number [Blank] Date [Blank]

(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 [Signature] WWC Number 1399 Date 3-15-98

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

WATER RESOURCES DEPT.  
SALEM, OREGON

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

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

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

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

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

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well \_\_\_\_\_ ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL  
Diameter From To Material From To Sacks or pounds

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"/>

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
From To size Number Diameter size Casing Liner

From	To	size	Number	Diameter	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"/>

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(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  
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
804	807	50 gpm	2'
834	839	50 gpm	2'
1540	1570	150 GPM	Flowing
1906	1971	Can't determine	
2119	2130	" "	

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

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 Green HARD	544	564	
Clay Tan + Brown SOFT	564	579	
Clay Tan + Brown + Sand White	579	598	
Sand course + clay	598	603	
Clay Gray SOFT	603	608	
Clay Green + Sand course	608	621	
Clay Gray SOFT	621	632	
Clay + Shale Brown	637	674	
Clay Green + Gray SOFT	674	725	
Clay Black SOFT	725	728	
Clay Gray SOFT	728	749	
Clay Gray + Sand Course	749	753	
Clay Gray 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.  
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 Wally Lowe WWC Number 1379 Date 3-5-98

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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 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	Type	Material	Casing	Liner
From	To	Size	Number	Diameter	Size

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SEP 25 2017  
SALEM, OR

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian 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 Temp	
2716	2718	350 GPM Temp 107.5	
2731	2738	25 GPM 106.9	
2756	2767	50 GPM	
2770	2799	100 GPM	

Flowing ↓

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Clay Green - Gray SOFT	807	834	
Sand Course	834	839	
Clay Green SOFT + HARD	839	857	
Sand + Clay Green	857	989	
Clay Green SOFT	989	1015	
Clay Green + Sand	1015	1024	
Clay Green SOFT	1024	1042	
Clay Green HARD	1042	1052	
Sand + Clay Green	1052	1061	
Clay Green SOFT	1061	1080	
Basalt Black + Pink	1080	1082	
Clay Green SOFT + shale	1082	1089	
Basalt Brown Green Black	1089		
shale Green		1091	
Basalt Brown + shale Green HARD	1091	1132	
Basalt Gray HARD + shale Green	1132	1149	
Basalt Black + clay Green SOFT	1149	1190	
Basalt red + clay Green VERY HARD	1190	1204	
Basalt Red - Clay Gray - shale Green	1204	1217	

Date started \_\_\_\_\_ Completed \_\_\_\_\_

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

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
WWC Number 1399  
Signed Walt Jones Date \_\_\_\_\_

G-18560

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4 05 #19

STATE OF OREGON WATER SUPPLY WELL REPORT

UN10 50687

APR 13 2000

WELL I.D. # L 40698 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 Backfill placed from Gravel placed from

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

(7) PERFORATIONS/SCREENS: table with columns for From, To, Slet size, Number, Diameter, Tele/pipe size, Casing, Liner

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

(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

(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 with From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation

WELL LOG table with columns for Material, From, To, SWL. Includes entries like Basalt Black - shale red, gneiss + clay, Basalt Gray HARD - Clay, etc.

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.

(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.

G-18560

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

UN10 50687

APR 13 2000

WELL I.D.# 40698 START CARD # N73877

Instructions for completing this report are on the last page 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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tubo/pipe size, Casing, Liner.

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SEP 25 2017

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

Pump Bailer SALEM, OR Flowing Artesian

Table with columns: 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

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

(12) WELL LOG:

Ground Elevation

Large table with columns: Material, From, To, SWL. Contains detailed log entries like Basalt Gray + Clay Green SOFT, Basalt Black + Clay Gray, etc.

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.

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.

Signed WWC Number 1399 Date

G-18560

UN10  
50687

APR 19 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 form. 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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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"/>

RECEIVED BY OWRD  
SEP 25 2017

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

Pump  Bailor  Air  Flowing Artesian

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

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

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

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

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Basalt Black + Brown	2276	2278	
Clay Brown Black Shale	2278		
Basalt Black + Shale		2288	
Basalt Black - Clay Shale Shale	2288	2297	
Basalt Black - Shale Black Clay Shale	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 Shale	2357	2359	
Basalt Gray + Clay Shale HARD	2359	2368	
Basalt Gray + Clay Gray	2368	2382	
Basalt Black + Clay Black SOFT	2382	2387	
Shale Brown Gray Green Red	2387	2390	
Basalt Black + Clay Shale	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 1599  
Signed Walter Lane Date 3-5-98

G-18560



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

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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

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	RECEIVED BY	Estimated Flow Rate	SWL
	SEP 25 2017		

(12) WELL LOG: SALEM, OR  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Cinder Red - Shale Green -	2448		
Basalt Black		2468	
Basalt Black-shale red then brown	2468	2476	
Cinder Brown-Tan - Shale Green	2476	2480	
Cinder Red - Shale Green	2480	2482	
Basalt Gray - Clay Gray	2482	2486	
Cinder Brown Black - shale then tan	2486	2503	
Basalt Black + Shale Green + Hard	2503	2506	
Basalt Gray + Clay Gray	2506	2510	
Basalt Gray + Clay Gray	2510	2560	
Basalt Black + white - shale then	2560	2569	
Basalt Gray + Black spots shale then	2569	2581	
Basalt Gray HARD - Clay Gray	2581	2590	
Basalt Black - shale then - cinder	2590		
Brown + Black - quartz - white			
red cinder VES.		2592	
Cinder Black Brown Blue Green	2592	2594	
Basalt Black - shale then - clay then	2594	2597	
Basalt Gray - Quartz white - clay then	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.  
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 Walt Jones Date \_\_\_\_\_

G-18560

UNID. 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 \_\_\_\_\_

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

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

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

(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 with columns: 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 \_\_\_\_\_

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

(12) WELL LOG: Ground Elevation \_\_\_\_\_

Table with columns: Material, From, To, SWL. Includes entries like Basalt Gray-shale Green, Basalt Black shale Green Quartz, etc.

Date started \_\_\_\_\_ Completed \_\_\_\_\_

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

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief. WWC Number 1399 Signed \_\_\_\_\_ Date \_\_\_\_\_

6-48560

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9 of 112

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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

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			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	Material			
				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:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

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	RECEIVED BY	DATE	SWL

(12) WELL LOG: SALEM, OR  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Basalt Black Loose	2677		
GPM 120 TEMP 103.4		2698	
Basalt Black	2698	2701	
Basalt Black-shale thin-limbed	2701	2709	
Basalt Black-Cinder Rock	2709	2712	
Basalt Gray shale thin HARD	2712		
Quartz		2716	
Basalt Black-Gray thin-shale thin	2716		
BPM 350 TEMP 106.6		2718	
Basalt Gray-shale thin 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		
Limestone Rock		2747	
Basalt Gray-Clay Gray	2747	2750	
Basalt Gray-Black Clay	2750		
Gray-Cinder Rock VES		2756	
Basalt Gray-Clay Gray-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 \_\_\_\_\_

G-48560

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

UN10  
50687

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 (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:				<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"/>
								<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
			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: \_\_\_\_\_

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:

SALEM, OR

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Basalt Black - shale green	2767	2769	
Basalt Gray with brown tint	2769		
Quartz white clay LOOSE		2799	
Basalt Black - Brown Cinders	2799		
Red - Quartz White		2803	
Basalt Gray + Quartz	2803	2811	
Basalt Black V.E.S. Quartz	2811		
Cinder Brown SOFT		2827	
Basalt Gray - Clay Gray	2827	2832	
Basalt Black - Clay V.E.S.	2832	2840	
Basalt Black - Quartz White SOFT	2840	2843	
Basalt Gray - shale green HARD	2843	2845	
Basalt Black - Quartz White SOFT	2845	2849	
Basalt Gray - shale green	2849	2851	
Basalt Black - shale green SOFT	2851	2881	
Basalt Black - Clay Gray HARD	2881	2889	
Basalt Gray + shale - Cinders Red	2889		
GPM 20		2897	
Basalt Black - Clay Gray	2897	2907	
Basalt Gray - Quartz White	2907	2923	

Date started \_\_\_\_\_ Completed \_\_\_\_\_

(unbonded) Water Well Constructor Certification:

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

WWC Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:

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

WWC Number 1599

Signed Walter Lane Date \_\_\_\_\_

G-18560

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11 of #12

40698

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

UN10 50687

APR 19 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, 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

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

How was seal placed: Method A, B, C, D, E; Backfill placed from; Gravel placed from

(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, 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?, Did any strata contain water not suitable for intended use?, 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

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

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

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Includes entries like Basalt Black-shale, Cinder Black Brown Red-shale, Basalt Black-shale Green, Cinder Black SOFT, Basalt Black VES. Quartz White, Basalt Gray Quartz White Clay Gray, Basalt Black-shale Green Quartz, Basalt Gray Clay Gray, Basalt Black Quartz White, Cinder Brown Black-Quartz, Basalt Black Cinder, Basalt Gray Quartz, Basalt Gray with Brown coat HARD, Basalt Gray Green Clay Gray, Basalt Black VES Cinder, Red-brown-shale Green, HARD, Cinder red-brown shale Green SOFT, Black shale, Clay Black SOFT

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.

(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.

G-18560

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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 # N73877

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	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

<input type="checkbox"/> Pump Yield gal/min	<input type="checkbox"/> Bailor Drawdown	<input type="checkbox"/> Air Drill stem at	<input type="checkbox"/> Flowing Artesian Time
			1 hr.

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

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

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Basalt Black - shale +	3038		
Clay Green SOFT		3043	
Cinder Red + Brown Basalt Block	3043	3045	
Basalt Black - shale clay Green	3045	3047	
Basalt Black - shale white	3047	3049	
Basalt Black - clay shale Green	3049	3051	
Basalt Gray Quartz - white silicone	3051	3054	
Basalt Gray clay shale - Quartz		3054	3065
Basalt Gray clay shale shale thin	3065		

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SEP 25 2017

SALEM, OR

Date started \_\_\_\_\_ Completed \_\_\_\_\_

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

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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

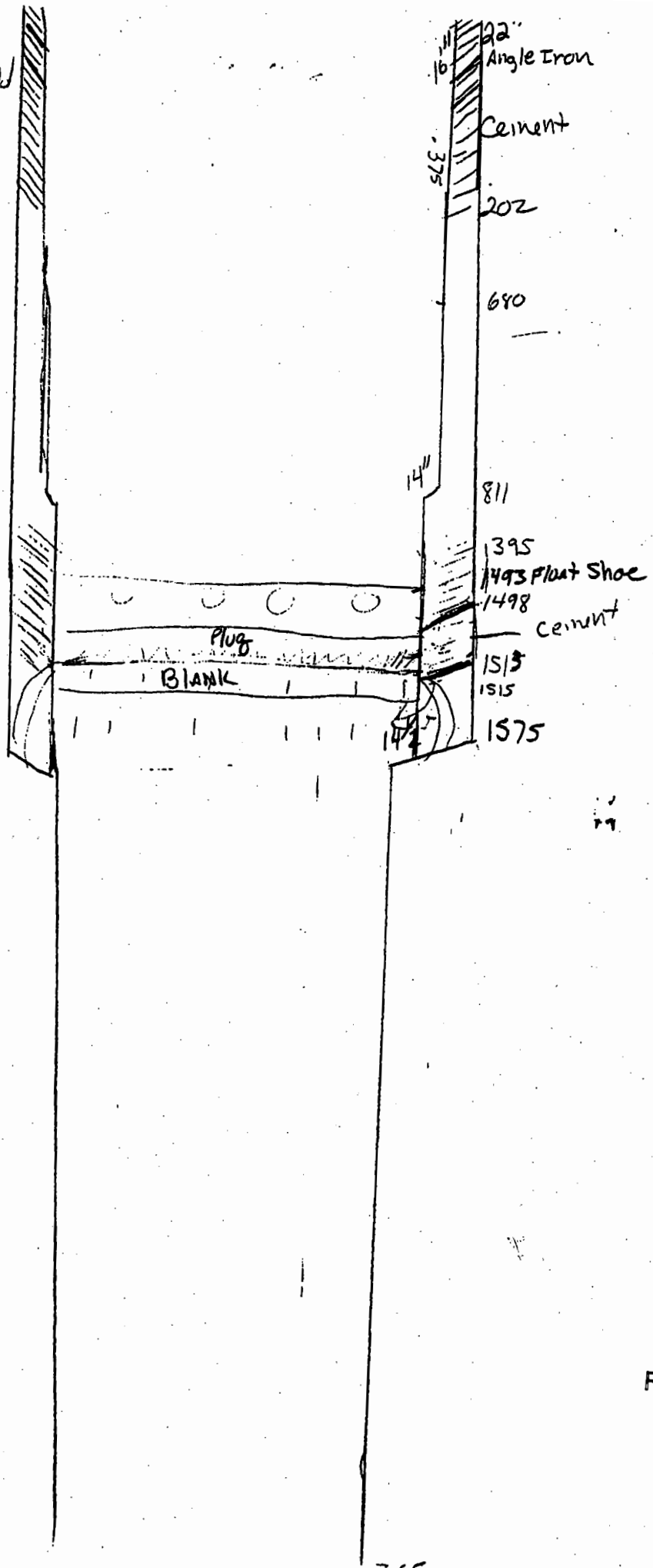
WWC Number 1299  
Signed Walt Jones Date \_\_\_\_\_

G-18567

3877

slint Show Rock

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APR 13 2000  
WATER RESOURCES DEPT.  
SALEM, OREGON



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SEP 25 2017  
SALEM, OR

G-18560

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SEP 25 2017

SALEM, OR

Attachment #4  
Property Deeds for Affected Landowners  
Groundwater Application for Mauri and Cresta DeLint

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6-18560



BARGAIN AND SALE DEED

98783

David Koza, Mary Koza and Joanne Lowry, Grantors, convey to Speckhart Farms, Inc., Grantee, all that real property described as:

The SE 1/4 of the SW 1/4 and the SW 1/4 of the SE 1/4 of Section 5, the NE 1/4 of the NW 1/4 and the NW 1/4 of the NE 1/4 of Section 8, all in township 2S, Range 39 East of the Willamette Meridian, Union County, Oregon.

The true and actual consideration for this transfer is none.

DATED this 31 day of December, 1980.

Signature of David Koza

Signature of Mary Koza

Signature of Joanne Lowry

State of Oregon )
County of Union ) ss:

Personally appeared the above-named David Koza, Mary Koza and Joanne Lowry; and acknowledged the foregoing instrument to be their voluntary act. Before me:

Signature of Notary Public
Notary Public for Oregon
My Commission Expires: 2-27-82

Until a change is requested, all tax statements shall be sent to: Speckhart Farms, Inc., c/o Harlow Speckhart, Rt. 1, Box 1651, La Grande, OR 97850

98783

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SEP 25 2017

SALEM, OR

Notary Public
I certify that the within instrument
was received for record on
19 day of
1981 at 1:45
o'clock P.M. and recorded on page
in book
of
County
County Clerk
Lorinda Tracy

Page

20114082

AFTER RECORDING RETURN TO:

Timothy P. O'Rourke  
P.O. Box 218  
Pendleton, Oregon 97801

MAIL TAX STATEMENTS TO:

Janet K. Rudd, Trustee of the  
Paul C. Rudd Disclaimer Trust  
64053 Gekeler Lane  
La Grande, Oregon 97850-5221

DEED OF PERSONAL REPRESENTATIVE

JANET RUDD, the duly appointed, qualified and acting personal representative of the Estate of PAUL C. RUDD, deceased, Grantor, conveys to JANET K. RUDD, TRUSTEE of the PAUL C. RUDD DISCLAIMER TRUST created under the Will 12/19/2005, Grantee, the following described real property:

Legal Description attached hereto as Exhibit A, Pages 1-3, and by this reference incorporated herein.

The true and actual consideration for this conveyance is none; this conveyance is given pursuant to Order Approving Verified Statement in Lieu of Final Account; General Judgment of Final Distribution dated December 20, 2011, filed in Union County Circuit Court, Probate No. 11-03-8329.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSONS 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. 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,

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SEP 25 2017

SALEM, OR

1 - Deed of Personal Representative

G-18560

CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855,  
OREGON LAWS 2009.

DATED: December 15, 2011

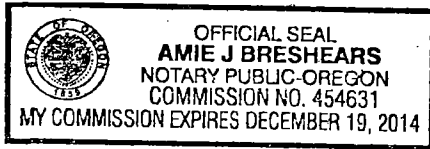
Janet Rudd  
Janet Rudd, Personal Representative of the  
Estate of Paul C. Rudd, deceased

STATE OF OREGON            )  
  ) ss.  
County of Union            )

December 15, 2011.

The above instrument was acknowledged by the above named JANET RUDD to be her  
voluntary act as personal representative of the Estate of Paul C. Rudd, deceased.

BEFORE ME:



Amie J. Breshears  
Notary Public for Oregon  
My Commission Expires: 12/19/14

2 - Deed of Personal Representative

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SEP 25 2017

G-18560

SALEM, OR

REAL PROPERTY IN UNION COUNTY, OREGON  
EXHIBIT A

Tract 1: (Undivided 50 Percent interest)

Lot One (1) of THRONSON FRUIT COLONY and the West half of the Northwest quarter of Section 29, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.  
(02S3929-300)

Tract 2: (Undivided 25 Percent interest)

Lots Two (2) through Fourteen (14), inclusive, in THRONSON FRUIT COLONY, according to the recorded plat thereof; being a portion of the North half of Section 29, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.  
(02S3929-200)

Tract 3: (Undivided 25 Percent interest)

The Northeast quarter of Section 30, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon;

EXCEPTING THEREFROM about 2 acres in the Southeast corner of said subdivision conveyed for school purposes, said exception being described as commencing at the Southeast corner of the Northeast quarter of said Section 30; thence West 18 rods; thence North 18 rods; thence East 18 rods; thence South 18 rods to the Point of Beginning.

(02S39-11800)

Tract 4: (Undivided 25 Percent interest)

Commencing at a point which is 60 feet South of the Northwest corner of the Southwest quarter of Section 20, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon, and running thence, East, a distance of 400 feet; thence, South, a distance of 108.9 feet; thence, West, a distance of 400 feet to the West line of said Southwest quarter; thence, North along said west line, 108.9 feet to the Point of Beginning.

(02S39-8501)

Tract 5: (Undivided 25 Percent interest)

Commencing at the Northwest corner of the Southwest quarter of Section 20, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon, and running thence, South 60 feet to the Northwest corner of the land sold on contract to Taggares Farms, Inc. (Memorandum recorded as Microfilm Document No. 115577, Records of Union County, Oregon); thence, East along the North line of said land, 400 feet, to the Northeast corner thereof; thence, North, 98 feet; thence, West, 400 feet to the West line of the Northwest quarter of said Section 20; thence, South along said West line 38 feet to the Point of Beginning.

(02S39-8502)

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Exhibit A  
Page 1 of 3

SEP 25 2017

SALEM, OR

G-18560

Tract 6: (Undivided 25 Percent Interest)

A tract of land in the North half of the North half of the Northwest quarter of Section 5, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon, described as follows: Beginning at the Northwest corner of said Section 5; thence, East along the county road, 690 feet to the True Point of Beginning; thence, South 275 feet; thence, West 365 feet to the East line of the right of way of the O-W.R.R. & N. Company Railroad; thence, Northeasterly along the east line of said railroad right of way, 283 feet to the county road; thence, East 290 feet to the said True Point of Beginning.

(02S39-2100)

Tract 7: (Undivided 25 Percent interest)

IN TOWNSHIP 2 SOUTH, RANGE 39 EAST OF THE WILLAMETTE MERIDIAN, UNION COUNTY, OREGON:

Section 5:

The South half of the Northwest quarter of the Northwest quarter, the Southwest quarter of the Northwest quarter, and the Northwest quarter of the Southwest quarter;

EXCEPTING the right of way for railroad and the strip of land conveyed for Oregon State Highway 82.

(02S39-2700)

Tract 8: (Undivided 25 Percent interest)

Tracts Eighteen (18) and Nineteen (19) of ALICEL ORCHARD TRACTS according to the recorded plat thereof, being otherwise described as the West half of the Northeast quarter of the Southwest quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.

ALSO, the Northwest quarter of the Southeast quarter and the East half of the Northeast quarter of the Southwest quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.

(02S3908-400)

Tract 9: (Undivided 25 Percent interest)

IN TOWNSHIP 3 SOUTH, RANGE 38 EAST OF THE WILLAMETTE MERIDIAN, UNION COUNTY, OREGON:

Section 11:

The West Half of the Southeast quarter.

(03S3811-900)

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Exhibit A  
Page 2 of 3

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SEP 25 2017

SALEM, OR

Tract 10: (Undivided 50 Percent interest)

The Northwest quarter of Section 13, Township 3 South, Range 38 East of the Willamette Meridian, Union County, Oregon;

EXCEPTING THEREFROM the following:

Commencing at the Northwest corner of said Northwest quarter; thence, East 430 feet; thence, South 430 feet; thence, West 430 feet to the West line of said Section 13; thence, North 430 feet to the Point of Beginning.

(03S38-3000)

Tract 11: (Undivided 25 Percent interest)

The South half of the Southeast quarter of the Northwest quarter and the South half of the Southwest quarter of the Northeast quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, Union County, Oregon.

(02S3908-300)

Tract 12: (Undivided 25 Percent interest)

IN TOWNSHIP 2 SOUTH, RANGE 39 EAST OF THE WILLAMETTE MERIDIAN, UNION COUNTY, OREGON:

Section 6:

The North half of the Northeast quarter;

EXCEPTING THEREFROM the right of way for railroad and the strip of land conveyed for State Highway 82 across a portion of said land.

(02S3906-100)

[End of legal description.]

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: *Charlette Kimbrell* Deputy.

DOC#: 2014082  
RCPT: 154100 65.00  
12/29/2011 10:05 AM  
REFUND:

Exhibit A  
Page 3 of 3

RECEIVED BY OWRD

SEP 25 2017

SALEM, OR

AFTER RECORDING, RETURN TO:

Lawrence B. Rew  
Attorney at Law  
PO Box 218  
Pendleton, Oregon 97801

20046737

UNTIL A CHANGE IS REQUESTED,  
SEND TAX STATEMENTS TO:

Shaw-deLint Farms, LLC  
65324 Alicel Lane  
Cove, Oregon 97824

STATUTORY BARGAIN AND SALE DEED

Creston J. Shaw, Trustee of the Shaw Family Trust dated July 1, 1991, Grantor, conveys to Shaw-deLint Farms, LLC, an Oregon limited liability company, Grantee, the following described real property situated in Union County, Oregon:

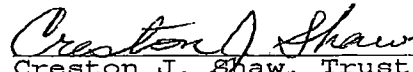
An undivided one-half interest in the North Half of the Southeast Quarter of Northwest Quarter and the North Half of the Southwest Quarter of Northeast Quarter of Section 8, Township 2 South, Range 39 East of the Willamette Meridian, SUBJECT TO county roads over and across the West and North sides thereof.

Tax Lot 3702

The true and actual consideration for this conveyance is capital interest in Grantee LLC.

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 PRACTICES AS DEFINED IN ORS 30.930.

DATED this 21 day of December, 2004.

  
Creston J. Shaw, Trustee of  
the Shaw Family Trust dated  
July 1, 1991

1 - Statutory Bargain and Sale Deed

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SEP 25 2017

SALEM, OR

6-18560

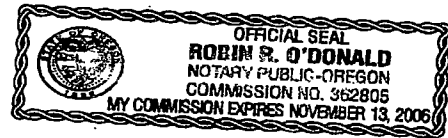
STATE OF OREGON )  
County of Union ) SS

December 21, 2004.

Personally appeared the above named Creston J. Shaw, Trustee of the Shaw Family Trust dated July 1, 1991, and acknowledged the foregoing instrument to be his voluntary act.

Before me:

Robin R. O'Donald  
Notary Public for Oregon  
My commission expires: 11-13-2006



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: [Signature] Deputy.

DOC#: 20046737  
RCPT: 71253 27.00  
12/22/2004 9:46 AM  
REFUND: .00

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SEP 25 2017

SALEM, OR

2 - Statutory Bargain and Sale Deed





EA Engineering, Science, and Technology, Inc., PBC

8019 W. Quinault Avenue, Suite 201  
Kennewick, WA 99336  
Telephone: 509-591-0264  
[www.eaest.com](http://www.eaest.com)

September 21, 2017

Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, OR 97301

RE: Groundwater Applications for Mauri and Cresta DeLint

To Whom It May Concern:

Enclosed please find a two groundwater applications with supporting documents submitted on behalf of my client, Mauri and Cresta DeLint. Two checks in the amount of \$2200.00 for application fees accompanies this packet.

Should you have any questions regarding these groundwater application packets, please do not hesitate to contact me.

Sincerely,

Molly Reid  
Senior Water Resources Consultant  
(509) 591-0490 Direct Line  
(541) 310-7264 Cell  
[mreid@eaest.com](mailto:mreid@eaest.com)

Cc: Mauri DeLint  
File

Enclosures: Two Groundwater Applications  
Supporting Documents  
Checks #3339 and #3340

RECEIVED BY OWRD

SEP 25 2017

SALEM, OR

G-19560