

RECEIVED

NEW TAG# 73854
 AMMEND WELL REPORT 11 APR 05
 RJB
 WELL ID. # L 26755
 START CARD # 154143

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

JAN 12 2004

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

(1) LANDOWNER
 Name PARSON FOREST PRODUCTS MALILLA
 Address 15555 S HWY 211
 City MALILLA State OR Zip 97038

(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 253 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16+	0	24	BENTONITE	0	24	108
12	24	260				

How was seal placed: Method A B C D E
 Other GRANULAR BENTONITE METHOD

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: 12	0	194	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 194

(7) PERFORATIONS/SCREENS:
 Perforations Method CUT OFF TOOL
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
194	194	1/8	1			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
5	64		<input type="checkbox"/>	1 hr.
18	85		<input type="checkbox"/>	2 hr.

Temperature of water 52 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 CLACKAMAS Latitude _____ Longitude _____
 Township 5S N or S Range 2E E or W. WM.
 Section 3 SE 1/4 SW 1/4
 Tax Lot 801 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
41 ft. below land surface. Date 2 DEC 2003
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 9

From	To	Estimated Flow Rate	SWL
9	14		9
14	65		14
143	190		32
190	260		56

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
FILL GRAVEL	1	2	
CLAY BLACK	2	4	
CEMENTED GRAVEL	4	14	
CEMENTED COBBLES	14	54	
CEMENTED GRAVEL	54	65	
CLAY BROWN	65	70	
CLAY GRAY	70	89	
SAND FINE CLAYEY	89	90	
CLAY, BLUE GREEN	90	119	
CLAY GRAY	119	143	
SAND & GRAVEL BLACK	143	144	
CEMENTED GRAVEL	144	159	
CLAY GRAY, STICKY	159	173	
CLAY BROWN STICKY	173	188	
CEMENTED GRAVEL BROWN	188	190	
CLAY BROWN	190	210	
CLAY, GRAY GRITTY	210	226	
CLAY, LT GRAY	226	242	
CLAY, DK GRAY FEW ROCKS	242	247	

Date started MAY 29, 2003 Completed DEC 10, 2003

(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 743
 Signed R Beck Date DEC 10, 2003

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WATER RESOURCES DEPT
 SALEM, OREGON

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

JAN 12 2004

WELL ID. # L 26755
START CARD # 154143

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

(1) LANDOWNER
Name PARAGON FACES PRODUCTS MOLALLA
Address 15555 S HWY 211
City MOLALLA State OR Zip 97038

(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 253 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16+	0	24	BENTONITE	0	24	108	
12	24	260					

How was seal placed: Method A B C D E
 Other GRANULAR BENTONITE METHOD
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:	12	0	194	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 194

(7) PERFORATIONS/SCREENS:
 Perforations Method CUT-OFF TOOL
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
194	194	1/8	1			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
5	64		<input type="checkbox"/>	1 hr.
18	85		<input type="checkbox"/>	2 hr.

Temperature of water 52 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 CLACKAMAS Latitude _____ Longitude _____
Township 5S N or S Range 2E E or W. WM.
Section 3 SE 1/4 SW 1/4
Tax Lot 801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
41 ft. below land surface. Date 2 DEC 2003
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 9

From	To	Estimated Flow Rate	SWL
9	14		9
14	65		14
143	190		32
190	260		56

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
FILL GRAVEL	1	2	
CLAY BLACK	2	4	
CEMENTED GRAVEL	4	14	
CEMENTED COBBLES	14	54	
CEMENTED GRAVEL	54	65	
CLAY BROWN	65	70	
CLAY GRAY	70	89	
SAND FINE CLAYEY	89	90	
CLAY, BLUE GREEN	90	119	
CLAY GRAY	119	143	
SAND & GRAVEL Black	143	144	
CEMENTED GRAVEL	144	159	
CLAY GRAY, STICKY	159	173	
CLAY BROWN STICKY	173	188	
CEMENTED GRAVEL BROWN	188	190	
CLAY BROWN	190	210	
CLAY, GRAY BRITTY	210	226	
CLAY, LT GRAY	226	242	
CLAY, DK GRAY FEW Rocks	242	247	

Date started MAY 29, 2003 Completed DEC 10, 2003

(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 R Beck Date DEC 10, 2003 WWC Number 743

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

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

WELL I.D. # L 26755
START CARD # 154143

(1) **LAND OWNER**
Name FLORAGON FRUITS - PRODUCTS MALILLA Well Number _____
Address 15555 S. HWY 211
City MALILLA State OR Zip 97038

(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"/>

Liner: _____

Drive Shoe used Inside Outside None
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
_____ 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
<u>CLAY LT GRAY</u>	<u>247</u>	<u>255</u>	
<u>CEMENTED SAND</u>	<u>255</u>		
<u>DK GREEN</u>		<u>260</u>	
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JAN 12 2004			
WATER RESOURCES DEPT SALEM OREGON			

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 R BECK WWC Number 243 Date DEC 10, 2003