

Amended*

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JONES MARI 56199
29400 SANTIAM HWY
LEBANON, OREGON 97355
541-367-2560

Page 1 of 2
Mari 56199

STATE OF OREGON JUN 06 2002
WATER SUPPLY WELL REPORT

WELL I.D. # L 44975
START CARD # 145196

(as required by ORS 537.700) WATER RESOURCES DEPT.
SALEM, OREGON
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number 3664
Name Dennis Frank
Address P.O. Box 79
City Mill City State Oregon Zip 97360

(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 605 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	79	Cement	0	79	59 sacks
16	79	245	Cement	79	245	83 sacks
14	245	485				
8	485	605				

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
16	79	250	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	1	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
350	405	1/4	1700		12"	<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
1500	All	400	<input checked="" type="checkbox"/>	5 min
771	All	400	<input type="checkbox"/>	1 hr
484	All	400	<input type="checkbox"/>	4 hr

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____
DEC 15 2003

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 8 N of S Range 2 E of W.W.M.
Section 12 SE 1/4 SE 1/4
Tax Lot 0000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N/A
~~None Assigned~~

(10) STATIC WATER LEVEL:
* 41'2" ft. below land surface. Date 10-29-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 442

From	To	Estimated Flow Rate	SWL
120	122	20 gpm	69 7-20-01
165	170	40 gpm	69 7-20-01
sealed out			
442	455	600 gpm	57 10-29-01

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	12	
Red Clay	12	15	
Brown Clay gritty	15	25	
Brown & Blue	25	-	
Sandstone broken	-	45	
Red Claystone	45	55	
Brownish Red Claystone	55	75	
Blue & Brown Basalt	75	120	
Brown Scoria	120	122	69
Blue Basalt Hard	122	165	
Dark Brown Scoria	165	170	69
Black Basalt	170	185	
Blue Pumice Clay	185	-	
Caving	-	198	
Blue Basalt Fine	198	-	
soft	-	225	
Blue Basalt medium	225	285	
Blue Basalt	285	287	
Gray Basalt Hard	287	327	

Date started 9-17-01 Completed 3-22-02

(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 Bret Jones WWC Number 11684 Date 3-29-02

Amended *

JONES D. MARI 56199
29400 SAULIAMI CITY
LEBANON, OREGON 97355
541-367-2560

Mari 56199

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

WELL I.D. # L 44975
START CARD # 145196

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

(1) LAND OWNER Well Number 36604
Name Dennis Frank
Address P.O. Box 79
City Mill City State Oregon Zip 97360

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 8 N or S Range 2 E or W, W.M.
Section 12 SE 1/4 SE 1/4
Tax Lot 0200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N/A

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

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

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 605 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

From	To	Estimated Flow Rate	SWL

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 _____

(12) WELL LOG:
Ground Elevation _____

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

Material	From	To	SWL
See previous page	0	327	
Pinkish blue	327	-	
Basalt medium	-	340	
Blue Basalt medium	340	437	
Gray Basalt medium	437	525	57
Gray Basalt Red tinge medium	525	-	605

(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"/>

Date started 9-17-01 Completed 3-22-02

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
_____ 1 hr.

(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 _____

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: _____

(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 Brit Jones WWC Number 1084 Date 3-28-02

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STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

NOV 13 2001

WELL I.D. # L 44975

START CARD # 145196

Instructions for completing this report are WATER RESOURCES DEPT. SALEM, OREGON

(1) LAND OWNER

Name Dennis Frank
 Address P.O. Box 79
 City Mill City, State Oregon Zip 97360

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	79	Cement	0	79	59 sacks
16	79	245	Cement	79	245	83 sacks
14	245	485				
8	485	605				

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

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	+1	79	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	1	440	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) NONE

(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

Yield gal/min	Drawdown	Drill stem at	Time
600 gpm	62	200	1 hr.

Temperature of water 56 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 Marion Latitude _____ Longitude _____
 Township 8 N or S Range 2 E or W WM.
 Section 12 SE 1/4 SE 1/4
 Tax Lot 0200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) N/A

(10) STATIC WATER LEVEL:

57 ft. below land surface. Date 10-29-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 442

From	To	Estimated Flow Rate	SWL
120	122	20 gpm	69
165	170	40 gpm	69
	sealed out		
442	455	600 gpm	57

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	12	
Red Clay	12	15	
Brown Clay, gritty	15	25	
Brown & Blue sandstone broken	25	45	
Red Claystone	45	55	
Brownish Red Claystone	55	75	
Blue & Brown Basalt	75	120	
Brown Scoria	120	122	69
Blue Basalt hard	122	165	
Dark Brown Scoria	165	170	69
Black Basalt	170	185	
Blue Pumice Clay	185	198	
Clay		198	
Blue Basalt fine soft	198	225	
Blue Basalt medium	225	285	

Date started 9-17-01 Completed 10-30-01

(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 1684
 Signed [Signature] Date 11-08-01

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

NOV 13 2001

WELL ID. # L 44975
START CARD # 145196

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

(1) LAND OWNER - Well Number SALEM OREGON 56199
Name Dennis Frank
Address P.O. Box 79
City Mill City State Oregon Zip 97360

(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"/>

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

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

Pump Bailer Air Flowing Artesian

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

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 8 N of 2 Range 2 E of W.W.M.
Section 12 SE 1/4 SE 1/4
Tax Lot 0200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N/A

(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
Blue Basalt medium	285	287	
Gray Basalt Hard	287	327	
Pinkish Blue	327		
Basalt medium		340	
Blue Basalt medium	340	437	
Gray Basalt medium	437	525	57
Gray Basalt Red	525		
tinge medium		605	

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 1684
Signed [Signature] Date 11-08-01