

SEP 27 1996

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207277

(START CARD) # 92022

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____
 Name Estacada Rock Products
 Address 29400 River Mill Rd
 City Estacada State OR Zip 97027

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	240	Cement	0	180	74 SACKS
8"	240	277				
6"	277	320				

How was seal placed: Method A B C D E

Backfill placed from 180 ft. to 185 ft. Material Filler Crushed Rock
 Gravel placed from 185 ft. to 240 ft. Size of gravel 1/2" round

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6 7/8"</u>	<u>+3</u>	<u>277</u>	<u>250</u>	<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"/>

Final location of shoe(s) 277

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perf (Molte)
 Screens Type _____ Material _____

From	To	Slot	Number	Diameter	Tool/pipe	Casing	Liner
<u>215</u>	<u>270</u>	<u>1/2"</u>	<u>5 Rows</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>240</u>	<u>270</u>	<u>3/4"</u>	<u>3 Rows</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>80</u>		<u>240</u>	<u>1 hr.</u>

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 shallow
 Depth of strata: 17 ft.

(9) LOCATION OF WELL by legal description:
 County Clack Latitude _____ Longitude _____
 Township 3 N or S Range 4 E or W. WM
 Section 18 SW 1/4 SE 1/4
 Tax Lot 1490 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same as #1

(10) STATIC WATER LEVEL:
185 ft. below land surface. Date 8-31-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 17

From	To	Estimated Flow Rate	SWL
<u>17</u>	<u>18</u>	<u>15</u>	<u>17</u>
<u>220</u>	<u>270</u>	<u>80</u>	<u>185</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>SOIL Brown w/ Lvs</u>	<u>0</u>	<u>18</u>	<u>14</u>
<u>Cobbles + Gravel</u>			
<u>Clay Blue Grey sticky</u>	<u>18</u>	<u>57</u>	
<u>Clay Grey sticky</u>	<u>57</u>	<u>71</u>	
<u>Clay Blue Green sticky</u>	<u>71</u>	<u>78</u>	
<u>Clay Brown Grey sticky</u>	<u>78</u>	<u>104</u>	
<u>Clay Purple + Grey Grity</u>	<u>104</u>	<u>161</u>	
<u>LAVA Grey w/ green Brown med salt</u>	<u>161</u>	<u>203</u>	
<u>LAVA Grey Broken med</u>	<u>203</u>	<u>256</u>	
<u>LAVA Grey Brown w/ Red med</u>	<u>256</u>	<u>271</u>	
<u>LAVA Grey Brown med</u>	<u>271</u>	<u>320</u>	

Date started 8-25-96 Completed 9-3-96

(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 792
 Signed Paul Whitman Date 9-3-96

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

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DEC 29 2014

CLAC

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STATE OF OREGON WATER SUPPLY WELL REPORT WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 22566 START CARD # 112624

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

(1) OWNER: Well Number Name Bonnie Richards, Pam Coffin Address 22361 S.E. Firwood Rd City SANDY State ORE Zip 97055

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 590 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE, SEAL, Diameter, From, To, Material, From, To, Sacks or pounds. Includes entries for Cement and 20 sacks.

How was seal placed: Method [X] A [] B [X] C [] D [] E [X] Other NO Float shoe Method (A) 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 entry for 10 3/4 inch casing.

Final location of shoe(s) NO shoe

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

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Flowing Artesian. Yield gal/min 100 Drawdown 560 Drill stem at Time 1 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? [X] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata: 16

(9) LOCATION OF WELL by legal description: County CLACK Latitude Longitude Township 3 N of S Range 4 E or W. WM. Section 19 NE 1/4 NE 1/4 Tax Lot 1700 Lot Block Subdivision Street Address of Well (or nearest address) 29400 River Mill Rd ESTACADA OREGON 97023

(10) STATIC WATER LEVEL: 197 ft. below land surface. Date 8-24-98 Artesian pressure lb. per square inch. Date

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

Table with columns: From, To, Estimated Flow Rate, SWL. Includes entries for 12 to 14 and 505 to 560.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Includes entries like Cobble + gravel, Clay Brown m. soft, etc.

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DEC 29 2014

WATER RESOURCES DEPT SALEM, OREGON

Date started 7-22-98 Completed 8-24-98

(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.

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.

WVC Number 792 Signed Rick Wallcut Date 8-29-98

1) OWNER: Well No. L22566
 Name ESTACADA ROCK PRODUCTS INC.
 Address PO BOX 218
 City ESTACADA St OR Zip 97023

(9) LOCATION OF WELL by legal description:
 County CLACK Lat. ° ' " Long. ° ' "
 Township 3 S Range 4 E WM.
 Section 19 NE 1/4 NE 1/4
 Tax Lot 1700 Lot Block Subdivision
 Street Address of Well (or nearest Address)
 29400 SE RIVERMILL ROAD ESTACADA, OR 97023

2) TYPE OF WORK: DEEPEN
 3) DRILL METHOD: ROTARY AIR
 4) PROPOSED USE: INDUSTRIAL

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

5) BORE HOLE CONSTRUCTION:
 Special Construction Approval NO Depth of Compl. Well 840 ft
 Explosives used NO Type _____ Amount _____
 HOLE SEAL

Diam.	From	To	Material	From	To	Amount
10	590	633	CEMENT	580	700	100 SACKS
8	633	840				

(11) WATER BEARING ZONES:
 Depth at which water was first found 800

From	To	Est Flow Rate	SWL
800	840	100+ GPM	230
_____	_____	_____	_____
_____	_____	_____	_____

Seal placement method C *
 Backfill: from _____ ft to _____ ft Material _____
 Gravel: from _____ ft to _____ ft Size _____

(12) WELL LOG:

Material	From	To	SWL
BLUE CLAY	590	609	
MEDIUM BLUE BASALTS	609	720	
LIGHTLY FRACTURED MEDIUM BASALTS	720	840	230

 STATIC WHEN STARTED 170 FEET.
 CASED OUT & CEMENTED OUT UPPER WATER BEARING ZONE; 505' TO 560'.
 * PLUGGED HOLE. PUSHED CEMENT UP AND BEHIND CASING.

6) CASING/LINER:

Diam.	From	To	Gauge	Material	Connection
Casing 8	+1	634	.250	STEEL	WELDED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Inner _____	_____	_____	_____	_____	_____

 Final Location of shoe(s) NONE

7) PERFORATIONS/SCREENS:
 Perf. Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TED PULLIAM WELL DRILLING
 9480 S.E. 172nd
 Boring, Oregon 97009
 Phone 665-3353
 Date started 03/31/02 Completed 04/09/02

8) WELL TESTS: Minimum testing time is 1 hour
 Test type PUMP

Yield GPM	Draw-down	Drill stem at	Time
120	4	_____	1 hr.
120	4	_____	8 hr
_____	_____	_____	_____
_____	_____	_____	_____

 Temperature of water 58f Depth Artesian Flow Found _____
 Was water analysis done? NO By whom _____
 Reason for water not suitable for use _____
 Depth of strata _____

(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 my best 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 *Ted Pulliam* WWC Number 616
 Date 04/17/02

MAY 09 2003
 WATER RESOURCES DEPT

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 WATER RESOURCES DEPT
 SALEM, OREGON