

RECEIVED WELL I.D.# AC
CLAC 51009

207277
(START CARD) # 92022

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT.
SALEM, OREGON

Instructions for completing this report are on the back page 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 w/ Bent.	0 180 74 sacks
8"	240 277		
6"	277 320		

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

Backfill placed from 100 ft. to 185 ft. Material Filter Crushed Rock
Gravel placed from 185 ft. to 240 ft. Size of gravel 1/2" sand

(6) CASING/LINER:

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

Final location of shoe(s) 277

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perfor (Holtc)
 Screens Type _____ Material _____

From	To	Slot	Number	Diameter	Tele/pipe size	Casing	Liner
215	270	1/2"	5 Rows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
240	270	3/4"	3 Rows			<input checked="" 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
80		240	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? 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
17	18	15	17
220	270	80	185

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL Brown w/ L&G	0	18	14
Cobbles + Gravel			
Clay Blue Grey sticky	18	57	
Clay Grey sticky	57	71	
Clay Blue Green sticky	71	78	
Clay Brown Grey sticky	78	104	
Clay Purple + Grey Gritty	104	161	
LAVA Grey w/ brown Brown med salt	161	203	
LAVA Grey Broken med	203	256	
LAVA Grey Brown w/ red med	256	271	
LAVA Grey Brown med	271	320	

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.
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 Paul Waldman WWC Number 792 Date 9-3-96