

JAN 22 1999

54256

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

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
 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 590 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | | | | |
|----------|---------|----------|---------|-----------------|--|--|--|
| Diameter | From To | Material | From To | Sacks or pounds | | | |
| 16 | 0 18 | Cement | 0 97 | 1 1/2 yards | | | |
| 14 | 18 97 | Cement | 390 402 | 20 SACKS | | | |

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

| Diameter | From To | Gauge | Steel | Plastic | Welded | Threaded |
|----------------|---------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 10 3/4 | +2 402 | 12SD | <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) NO Shoe

(7) PERFORATIONS/SCREENS:

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

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

| Pump | Bailer | Air | Flowing |
|---------------|----------|---------------|--------------------------|
| Yield gal/min | Drawdown | Drill stem at | Artesian |
| <u>100</u> | | <u>560</u> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

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: 16

(9) LOCATION OF WELL by legal description:
County Clack Latitude _____ Longitude _____
Township 3 N or 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

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|------------|
| <u>12</u> | <u>14</u> | <u>1</u> | <u>18</u> |
| <u>505</u> | <u>560</u> | <u>100</u> | <u>197</u> |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------------|------------|------------|------------|
| <u>Cobbles + Gravel</u> | <u>0</u> | <u>14</u> | <u>12</u> |
| <u>Clay Brown m. soft</u> | <u>14</u> | <u>17</u> | |
| <u>Clay Grey Blue sticky</u> | <u>17</u> | <u>90</u> | |
| <u>LAUA Grey HARD</u> | <u>90</u> | <u>203</u> | |
| <u>Clay Brown grey w/ shale</u> | <u>203</u> | <u>385</u> | |
| <u>Like particles sticky</u> | | | |
| <u>LAUA Grey HARD</u> | <u>385</u> | <u>497</u> | |
| <u>LAUA Grey Green med</u> | <u>497</u> | <u>575</u> | <u>197</u> |
| <u>Clay green grey</u> | <u>575</u> | <u>590</u> | |

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. 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 Rich Wallace Date 8-29-98



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

Application for Well ID Number

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SEP 18 2015

SALEM, OR

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Estacada Rock Products, Inc.
 Mailing Address: P.O. Box 218
 City, State, Zip: Estacada, OR 97023
 Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: _____
 City, State, Zip: Replacement tag for CLAC 54256/57766 L-22566

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 3 (North / South) Range: 4 (East / West) Section: 19
 Tax Lot: 1700 County CLAC NE 1/4 NE 1/4
 GPS Coordinates: See attached well log CLAC 54256 and CLAC 57766
 Street Address of Well, City: 29400 River Mill Rd, Estacada
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Industrial
 Date Well Constructed (or property built): _____ Total Well Depth: 840' Casing Diameter: _____
 Owner at time the well was constructed (if known): _____
 Other Information: See attached well log CLAC 54256 and CLAC 57766

SUBMITTED BY (please print): David L. Coffin Pres. Estacada Rock Prods. Inc
 PHONE: 503-630-4223 EMAIL &/or FAX: Estrock@CascadeAccess.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

| For Official Use Only by the Oregon Water Resources Department: | | |
|---|--|---|
| Received Date: <u>9-18-15</u> | Well Log Number: <u>CLAC 54256 ORIG</u> <u>CLAC 57766 DEEP</u> | Well Identification #: <u>L-120405</u> |

★ Replaces lost tag#
 L-22566 WCC