

CLAC 57766

CLAC 57766  
Uac 51146

State of Oregon

State Well ID L22566

WATER WELL REPORT (as required by ORS 537.765)

Page 1 of 1

Start Card # 140124

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

(6) CASING/LINER:  
Diam. From To Gauge Material Connection  
Casing 8 +1 634 .250 STEEL WELDED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Liner \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Final Location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:  
[ ] Perf. Method \_\_\_\_\_  
[ ] Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Slot Tele/pipe  
From To Size Number Diam. Size Casing/liner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 05 2003



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

RECEIVED BY OWRD

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: [X] 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: 9-18-15 Well Log Number: CLAC 54256 ORIG, CLAC 57766 DEEP Well Identification #: L-120405

Replaces lost tag# L-22566 WCC