

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 81930
START CARD # 185175

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company VIEWPOINT RESTAURANT
Address 20189 S. SPRINGWATER RD
City ESTACADA State OR Zip 97023

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)
Depth of Completed Well 585 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	55	Cement	0	541	3,072	P
8	55	541					
6	541	605					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft to _____ ft. Material _____
Filter pack from _____ ft to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Ptstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		2	541	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	4		365	545	160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type CERTA LOK Material PVC

Perf/S	Casing/	Screen	Dia	From	To	Scm/slot	Slot	# of	Tele/
creen	Liner					width	length	slots	pipe size
			4	545	585	10			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 40 Drawdown _____ Drill stem/Pump depth 585 Duration (hr) 1

Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County CLACKAM Twp 3 S N/S Range 3 E E/W WM
Sec 13 NE 1/4 of the NW 1/4 Tax Lot 2000
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
20189 S. SPRINGWATER RD

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
Existing Well / Predeepening _____
Completed Well _____
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 555

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-11-2006	555	570	40		440

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	1
BROWN CLAY	1	4
BROWN CLAY W/COBBLES	4	52
BROWN CLAY	52	60
BLUE CLAY	60	90
LT BROWN CLAY /SANDY	90	123
BROWN CLAY	123	145
BLUE CLAY	145	155
GRAY CLAY	155	185
BLUE CLAY	185	201
GRAY CLAY		
SAND & GRAVEL		
GRAY CLAY		
SAND STONE		
BLUE CLAY		
SAND W/ PUMICE W/B		
GRAY CLAY		

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JAN 03 2008
WATER RESOURCES DEPT
SALEM OREGON

Date Started 03-03-2006 Completed 03-11-2006
(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.
License Number _____ Date _____
Password: (if filing electronically) _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
License Number 1771 Date 12-31-07
Password: (if filing electronically) _____
Signed Steve D. Gorb
Contact info (optional) _____

CLAC 62616

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

WELL I.D. # L 81930

START CARD # 185175

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

(1) LAND OWNER Well Number
 Name VIEWPOINT RESTAURANT
 Address 20189 S. SPRINGWATER RD
 City ESTACADA State OR Zip 97023

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 585 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10	0	55	Cement	0	541	3072#
8	55	541	Cement			+5%
6	541	605				BENT.

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

Casing/Liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing:	6	+2	541	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	365	545	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY
 Screens Type _____ Material PVC

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
545	585	10		4		<u>SCREEN</u>	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40	145	585	1 HR

Temperature of water 60 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 (legal description)
 County CLATSOP
 Tax Lot 2000 Lot _____
 Township 3S N or S Range 3E E or W WM
 Section 13 NE 1/4 NW 1/4
 Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 20189 S. Springwater Rd ESTACADA OR

(10) STATIC WATER LEVEL
440 ft. below land surface. Date 3-11-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 555

From	To	Estimated Flow Rate	SWL
555	570	40+	440

(12) WELL LOG

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	4	
BROWN CLAY w/ Cobbles	4	52	
BROWN CLAY	52	60	
Blue CLAY	60	90	
LT Brown Sandy	90	123	
Brown clay	123	145	
Blue CLAY	145	155	
Grey CLAY	155	185	
Blue CLAY	185	201	
Grey CLAY	201	225	
Sand + Gravel	225	245	
Grey CLAY	245	434	
Sand Stone	434	450	
Blue CLAY	450	555	
Sand + Gravel	555	570	440
Grey CLAY	570	605	

Date Started 3-3-06 Completed 3-11-06

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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 _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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 1771 Date 3-16-06
 Signed George D. Gansberg

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