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65/2W/176C
38694

NOV 17 1993

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

MARI
18766

(START CARD) #

WATER RESOURCES DEPARTMENT

(1) OWNER: Well Number CALEM. 0
Name NOROAC FOODS, INC.
Address 930 W. WASHINGTON
City STAYTON State OR. Zip 97383-0458

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 305.5 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16"	0'	52'	CEMENT	0'	52'	35 SACKS
12"	52'	320'				

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

Backfill placed from 305.5 ft. to 320 ft. Material WASHED GRAVEL
Gravel placed from ft. to ft. Size of gravel @ 305.5'

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	12"	42'	218'	.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) 308'
(7) PERFORATIONS/SCREENS:
 Perforations Method
 Screens Type V-SLOT Material 304 ST. STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
218'4"	299'4"	100		10"	P.S.	<input type="checkbox"/>	<input type="checkbox"/>
212'6"	218'4"	.250"		10"	P.S.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
299'4"	305'4"	WALL		10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

K-PACKER @ 212'6"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 1250 GPM Drawdown 84' 10" Drill stem at Time 2 HRS.
Temperature of Water 54° 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 by legal description:
County MARION Latitude Longitude
Township 6S N or S. Range 2W E or W. WM.
Section 17 SW 1/4 NW 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) PLANT #5 - 4755
BROOKLAKE RD. NE

(10) STATIC WATER LEVEL:
48' 2" ft. below land surface. Date 10-27-93
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 95'

From	To	Estimated Flow Rate	SWL
218'	299'	1250 GPM	48' 2"
95'	154'	WATER-BEAR'G	
		NOT TESTED	37'

(12) WELL LOG: Ground elevation

Material	From	To	SWL
BROWN SILTY CLAY	0'	34'	
BLUE SILTY CLAY	34'	43'	
GRAY CLAY	43'	56'	
GRAY CLAY w/ GRAVEL + SAND	56'	58' (63')	
GRAY SANDY CLAY	58'	58'	
BLACK FINE-MEDIUM SAND w/			
GRAY CLAY + SPARSE SMALL GRAV.	63'	82'	
BLACK SAND w/ CLAY	82'	91'	
SMALL-MEDIUM GRAVEL			
BLACK SAND w/ SOME CLAY	91'	95'	
SMALL-LARGE GRAVEL, BLACK			
+ BROWN FINE-CRS SAND	95'	131'	37'
GRAVEL, SM.-LRG., + FINE BROWN SAND	131'	140'	
GRAVEL, FINE-COARSE SAND	140'	145'	
CEMENTED GRAVEL BR+BLK SAND	145'	154'	
SAND-GRAYEL w/ GREEN-GRAY CLAY	154'	156'	
BLUE CLAY w/ SAND+GRAVEL	156'	174'	
DARK-GRAY SANDY CLAY	174'	179'	
CLAY + GRAVEL	179'	187'	
GRAY SANDY CLAY	187'	195'	

Date started AUGUST 5, 1993 Completed OCTOBER 23, 1993

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 633/1273
Signed Michael Waldrop / Floyd Date Nov. 10, 1993

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WATER WELL REPORT
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(START CARD) #

(1) OWNER:
 Name NORPAC FOODS, INC. Well Number: _____
 Address _____
 City PAGE-Z- State _____ Zip _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

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

Temperature of water _____ 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 by legal description:
 County _____ Latitude _____ Longitude _____
 Township _____ N or S Range _____ E or W, WM.
 Section _____ 1/4 _____ 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SMALL - LARGE GRAVEL SAND w/ GRAY CLAY - TIGHT	195'	235'	48'2"
- LOOSER SAND - GRAVEL w/ CLAY & BLUE - GRAY	235'	250'	
SAND, GRAVEL w/ BROWN CLAY - TIGHT FORMATION	250'	256'	48'2"
- GRAVEL, SAND, CLAY w/ CEMENTED STREAKS	256'	275'	
- BROWN CLAY, GRAVEL, SAND	275'	280'	
- GREEN - BROWN SANDY CLAY w/ SMALL - LARGE GRAVEL - SAND			
BROWN + BLACK	280'	289'	
- GREEN - BROWN SANDY CLAY w/ SOME SMALL GRAVEL	289'	291'	48'2"
- GRAVEL, SAND w/ LESS GREEN - BROWN CLAY	291'	301'	
- BLUE CLAY	301'	310'	
- BLUE CLAY w/ GRAVEL	310'	320'	

Date started 8-5-93 Completed 10-23-93

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number _____
 Signed _____ Date _____