

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

RECEIVED
 MAR 15 1994
 18912

609/6W/826
 Pg 1 of 2
 (START CARD) # 54255

WATER RESOURCES DEPT.
 SALEM, OREGON

(1) OWNER: Well Number _____
 Name NORDAL FOODS, INC.
 Address 1930 W. WASHINGTON
 City STAYTON State OR. Zip 97383

(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 318 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0'	50'	CEMENT	0'	50'	57 SKS. W. 5% BENT. 6 SKS
12"	50'	320'				

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

Backfill placed from 318 ft. to 320 ft. Material SAND-GRAVEL
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	12'	229'	.260"	<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) 320.5'

(7) PERFORATIONS/SCREENS:
 Perforations Method PULL BACK
 Screens Type V-SLOT Material 304 STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
223'	224'	K-PACKER		10"	PS	<input type="checkbox"/>	<input type="checkbox"/>
224'	229'			10x.250"	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
229'	310'	100		10"	PS	<input type="checkbox"/>	<input type="checkbox"/>
310'	318'			10x.250"	PS	<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
900	60' 4"		1 hr.
1200	87' 4"		2.75 HRS.

Temperature of Water 57° 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: _____

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

(9) LOCATION OF WELL by legal description:
 County MARION Latitude _____ Longitude _____
 Township 6S N or S. Range 2W E or W. WM. _____
 Section 8 NW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) ADJACENT TO SOUTH OF 9909 50TH AVE. BROOKS, OR. 97305

(10) STATIC WATER LEVEL:
37.67 ft. below land surface. Date 2-11-94
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
107'	135'	104 GPM	28'
230'	310'	1200 GPM	37.8"

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
BROWN CLAY	0'	12'	
BROWN SILTY CLAY	12'	36'	
BLUE SILTY CLAY	36'	39'	
BLUE CLAY	39'	59'	
DARK GRAY SILTY CLAY	59'	67'	
FINE-MEDIUM BLACK SAND W/ CLAY + SMALL GRAVEL	67'	81'	
GRAY CLAY	81'	84'	
GRAY SILTY CLAY	84'	87'	
GRAY SANDY CLAY	87'	92'	
BLACK SAND-GRAVEL W/ GRAY CLAY	92'	103'	
GRAY-BROWN CLAY W/ SAND + GRAVEL	103'	107'	
SMALL-LARGE GRAVEL, BLACK FINE-MEDIUM SAND W/ CLAY	107'	135'	28'
GRAY CLAY - HEAVY	135'	148'	
GRAY SANDY CLAY	148'	159'	
SMALL GRAVEL, SAND + GRAY CLAY	159'	162'	
GRAY SILTY CLAY W/ WOOD	162'	172'	
GRAY CLAY W/ SAND + GRAVEL	172'	197'	
GRAY CLAY - DENSE	197'	201'	

Date started NOV. 1, 1993 Completed FEBRUARY 15, 1994

(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 Date FEB. 23, 1994

SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91

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

MAR 15 1994

(START CARD) #

65/2w/8 db
 Pg. 2 of 2
 54255

(1) OWNER:

Name **NORPAC FOODS** Well Number **PAGE # 2**
 Address _____
 City _____ State _____ Zip _____

WATER RESOURCES DEPT.
 SALEM, OREGON

(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) _____

(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
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"/>
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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

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: _____

(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
GRAVEL, BLACK FINE-COARSE SAND W/ GRAY CLAY; OCCASSIONAL SANDY LAYERS	201'	223'	
GRAY CLAY W/ SOME GRAVEL	223'	231'	
SMALL-LARGE GRAVEL, SAND W/ SANDY GRAY CLAY	231'	248'	
GRAVEL, BLACK SAND W/ SOME CLAY - FORMATION LOOSER	248'	277'	37'8"
GRAVEL, SMALL-LARGE, RUSTY BROWN COLOR W/ FINE-MED SAND	277'	282'	282'
GRAVEL, SMALL-LARGE W/ BROWN SAND	282'	293'	
BROWN CLAY - SOFT	293'	297'	
GRAVEL, SAND W/ BROWN CLAY	297'	309'	
GRAVEL, BROWN SAND-CLEANER	309'	313'	
BLUE-GRAY SANDY CLAY	313'	320'	

Date started _____ Completed _____

(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:

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WWC Number _____
 Signed _____ Date _____