

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

DEC - 1 1997 (START CARD) # 92254

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

(1) OWNER: Well Number _____
Name Norpac Foods, Inc.
Address 930 W. Washington
City Salem State Ore Zip 97383

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			N			
			A			

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:			N		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:			A		<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
			N			<input type="checkbox"/>	<input type="checkbox"/>
			A			<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: _____

(9) LOCATION OF WELL by legal description:
County Marion Latitude _____ Longitude _____
Township 6S N or S Range 2W E or W. WM.
Section 17 SE 1/4 NW 1/4
Tax Lot 47643 ~~1000~~ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4755 Brooklake Rd., Salem, Ore.

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date June 2, '97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
	N		
	A		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Well Data: 12" diameter drilled, cased to 120'; perforated from 90'-118'			
Abandonment Procedure: Prepped casing for abandonment by perforating from -80' to -5'; filled from -120' to -80' with clean, chlorinated pea gravel; grout from -80' to -13' with neat cement, cement + water @ ratio 1 sack cement per 5.5 gallons water; 5 yards total used between -80' & -13'; 7 sacks 3/8" pellets filled from -13' to -5' to prevent lateral loss of cement in this area; cement topped bentonite from -5' to surface.			

Date started May 31, 1997 Completed June 4, 1997
(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 633
Signed Michael Waldrop Date 1-26-97