

16

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

YamH
2865

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58/3w/9ac
38697

(START CARD) #

(1) OWNER:

Name **NORDAC FOODS INC.**
Address **930 W. WASHINGTON P.O. BOX 458**
City **STANTON** State **OR** Zip **97383-0458**

Well Number

WATER RESOURCES DEPT

(9) LOCATION OF WELL by legal description:

County **YAMHILL** Latitude Longitude
Township **5S** N or S. Range **3W** E or W. WM.
Section **9** SW 1/4 NE 1/4
Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) **PLANT #3, 14425 S.E. WALLACE RD. DAYTON OR.**

(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"/>
Liner:				<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:

49 ft. below land surface. Date **6-25-93**
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
ABANDONMENT DATA + PROCEDURE:			
- A GRAVEL-PACKED w/ 1/16" BOREHOLE + 10" CASING TO 139'			
- 107 SACKS PORTLAND CEMENT w/ BENTONITE @ 5% BENT/SK CEMENT BY WEIGHT			
- TOPPED OFF USING 3/8" HOLE PLUG			
- 10" CUT @ 75' & PULLED BACK TO 70'			
- 10" PERFORATED FROM -2' TO -67' w/ 6 CUTS PER FOOT			
THE CASING COULD NOT BE PULLED OUT INITIALLY SO THE PIPE WAS CUT @ 75' AS THE CUTTER WOULD NOT GO ANY DEEPER. HYDRAULIC JACKS WERE USED TO PULL THE CASING BACK 5' THEN NO FARTHER. THE GRAVEL PACK WAS ALLOWED TO FILL THE BOTTOM TO 75'. GRAVEL FROM 0'-75' WAS BAILED OUT THEN THE PIPE PERFORATED. GROUT WAS PLACED THROUGH AT REMIE & FORCED w/ AN AIR-GROUT PUMP. BENTONITE PLACED @ SURFACE & PIPE LEFT ABOVE GROUND.			
Date started	JUNE 24, '93		Completed
JUNE 30, '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 **633**
Signed **Michael Waldroop** Date **7-22-93**