

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

SKYLES DRILLING, INC.

START CARD # W146716

(1) OWNER: Well Number: 01  
 Name Peterson Construction, Inc.  
 Address PO Box 2226  
 City Wilsonville State OR Zip 97070

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

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other Pump Holst

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

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 240 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount 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: <u>6</u>	<u>+1</u>	<u>2.5</u>	<u>0.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

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

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

Pump  Baller  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
N/A			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 Clackamas Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 3SOUTH N or S. Range 1EAST E or W. of WM.  
 Section 18 SE 1/4 NW 1/4  
 Tax lot 03100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 5442 SW Kruse Rd.  
Wilsonville, OR

(10) STATIC WATER LEVEL:  
120 ft. below land surface. Date 3/21/2002  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found N/A

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
This is a Casing Extension Only. This Well Was Originally Drilled for Elmer Kruse CLAC9382			

Ground elevation \_\_\_\_\_

RECEIVED  
 MAR 27 2002  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Skyles Drilling, Inc.  
 1169 Molalla Ave.  
 Oregon City, OR 97045  
 503-656-2683

MAR 23 2010

Date started 3/21/2002 Completed 3/21/2002

(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.

Signed \_\_\_\_\_ WWC Number 1601  
 Date 3/21/2002

(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.

Signed Steven C. Bland WWC Number 1592  
 Date 3/21/02

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

**Westerberg Drilling, Inc.**  
**36728 S. Kropf Rd.**  
**Molalla, OR 97038**

WELL I.D. # L 81264

START CARD # 185953

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name Dave & Sally Bany  
Address 5442 SW Kruse Rd.  
City Wilsonville State OR Zip 97070

(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 221 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or Pounds	
12"	0	145	Cement	8	143	93 sacks	
			Bentonite	0	8	9 sacks	
8"	145	221					

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite placed dry  
Backfill placed from 143 ft. to 145 ft. Material sand & gravel  
Gravel placed from 175 ft. to 221 ft. Size of gravel 8-12

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1	195	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	174	195.5	.258	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 195'

(7) PERFORATIONS/SCREENS  
 Perforations Method \_\_\_\_\_  
 Screens Type V-wire Material stainless

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
195.5	216	.050		5"	PS	<input type="checkbox"/>	<input type="checkbox"/>
216	221	.015		5"	PS	<input type="checkbox"/>	<input type="checkbox"/>
Bottom	plate w/ ball	@ 221'				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
40	49'		2 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 \_\_\_\_\_

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(9) LOCATION OF WELL (legal description)  
County Clackamas  
Tax Lot 3100 Lot \_\_\_\_\_  
Township 3 S Range 1 E WM  
Section 18 SW 1/4 SE 1/4  
Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Street Address of Well (or nearest address) 5442 SW Kruse Rd.  
Wilsonville, OR 97070

(10) STATIC WATER LEVEL  
113 ft. below land surface. Date 6-20-06  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 32'

From	To	Estimated Flow Rate	SWL
32	41	<10 gpm	DNM
198	221	>40 gpm	113'

(12) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown silt	0	32	
Grey sandy silt	32	41	
Stiff brown clay w/ gravel	41	49	
Clay grey stiff	49	64	
Clay brown sandy	64	73	
Clay dark brn w/ lots of organics	73	86	
Gravel	86	89	
Clay blue	89	90	
Clay brown sandy	90	95	
Clay grey	95	107	
Clay brown blue sandy silty	107	119	
Clay brown	119	136	
Clay grey	136	182	
Claystone soft grey silty	182	198	
Sand black med	198	202	
continued on page 2			

Date Started 5-30-06 Completed 6-20-06

(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 888 Date 7-25-06  
Signed Steven N. Stadel

JUL 26 2006

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

WATER RESOURCES DEPT  
SALEM, OREGON

T 11042



STATE OF OREGON  
**GEOTECHNICAL HOLE REPORT**  
(as required by OAR 690-240-035)

CLAC 58962

(1) OWNER/PROJECT: Hole Number B-1

Name DAVID BANY  
 Address 5442 SW KRUSE ROAD  
 City WILLSONVILLE State OREGON Zip 97070

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

(3) CONSTRUCTION:  
 Rotary Air  Hand Auger  Hollow Stem Auger  
 Rotary Mud  Cable Tool  Push Probe  Other

(4) TYPE OF HOLE:  
 Uncased Temporary  Cased Permanent  
 Uncased Permanent  Slope Stability  Other

(5) USE OF HOLE: GEOTECHNICAL

(6) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Hole 50 ft.

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
5	50	0	BENT CHIPS	50	0	10 SKS

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter Pack placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of pack \_\_\_\_\_

(7) CASING/SCREEN:

Casing	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
N/A					<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"/>

Screen: \_\_\_\_\_  
 Slot size \_\_\_\_\_

(8) WELL TEST:  
 Pump  Bailer  Air  Flowing Artesian  
 Permeability \_\_\_\_\_ Yield \_\_\_\_\_ GPM \_\_\_\_\_  
 Conductivity \_\_\_\_\_ PH \_\_\_\_\_  
 Temperature of water 58 °F Depth artesian flow found \_\_\_\_\_ ft.  
 Was water analysis done?  Yes  No  
 By whom? \_\_\_\_\_  
 Depth of strata analyzed. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Remarks: \_\_\_\_\_

(9) LOCATION OF HOLE by legal description:  
 County CLACKAMAS Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 3 S Range 1 E WM.  
 Section 18 SE 1/4 SW 1/4  
 Tax Lot 03100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME

Map with location identified must be attached

(10) STATIC WATER LEVEL:  
27 ft. below land surface. Date 1/9/03  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) SUBSURFACE LOG:  
 Ground Elevation \_\_\_\_\_

Material Description	From	To	SWL
BROWN SILT	0	10	
BROWN SANDY SILT	10	27	27
GREY SILTY SAND	27	35	
GREY SILT	35	50	

Date Started 1/9/03 Date Completed 1/9/03

(12) ABANDONMENT LOG:

Material Description	From	To	Sacks or Pounds
BENT CHIPS	50	0	10 SKS

Date started 1/9/03 Date Completed 1/9/03

**Professional Certification**  
 (to be signed by a licensed water supply or monitoring well constructor, or registered geologist or civil engineer).

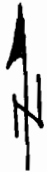
I accept responsibility for the construction, alteration, or abandonment work performed on during the construction dates reported above. All work performed during this time is in compliance with Oregon geotechnical hole construction standards. This report is true to the best of my knowledge and belief.

License or Registration Number 10491  
 Signed Mike Kadrmas Date 1/10/03  
 Affiliation SUBSURFACE TECHNOLOGIES

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

KRUSE ROAD



VINEYARD



+  
B1

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MAR 23 2010

WATER RESOURCES DEPARTMENT  
SALEM, OREGON

1" = 500'

T 11042

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JAN 27 2003  
WATER RESOURCES DEPT  
SALEM, OREGON

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

WELL ID. # 155318  
START CARD # 170328

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name DAVE & SALLY BANY  
Address c/o MIDWAY - 6600 N. BALTIMORE  
City PORTLAND State OR Zip 97203

(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 565 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds
	10	0	Bentonite	0	25	75 sks
			Cement	25	80	25 sks
			Cement	400	537	40 sks

How was seal placed Method  A  B  C  D  E  
 Other Poured into annular  
Backfill placed from 80 ft to 400 ft. Material (24sks) Hi-Visc  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel Gel.

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	537	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

From	To	Shot size	Number	Diameter	Telepipe 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

Yield gal/min	Drawdown	Brill stem at	Flowing Time
30		250	1 hr
40		400	"
50		535	"

Temperature of water 56°F Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Yes  No  
 Salty  Muddy  Odor  Colored  
Depth of strata \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Clackamas Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 3S N or S Range 1E E or W. WM.  
Section 18 NE 1/4 SW 1/4  
Tax Lot 3100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 5442 SW Kruse Rd. Wilsonville, Or 97070

(10) STATIC WATER LEVEL:  
89 ft. below land surface. Date 10-26-04  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 539

From	To	Estimated Flow Rate	SWL
539	565	50gpm	89

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brn silty cly	0	32	
Gry sandy cly	32	41	
Soft brn sandy cly	41	48	
Fine to med Brn sand	48	55	
Sticky brn cly	55	63	
Sticky gry cly	63	90	
Fine to coarse brn sand	90	100	
Sticky gry-brn cly	100	126	
Sticky red-brn cly	126	169	
Sticky blue-gry cly	169	192	
Firm gry cly	192	231	
Soft gry cly	231	343	
Sticky gry cly	343	508	
Decomposed brn basalt	508	531	
Firm gry-blk basalt	531	565	89

Date started 10-12-04 Completed 10-27-04

(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 1266  
Signed \_\_\_\_\_ Date 10/29/04

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NOV 02 2004

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WATER RESOURCES DEPT SALEM, OREGON

MAR 23 2010

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