

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

CLAC
 12223

StyleS Drilling, Inc.
 1169 Molalla Ave.
 Oregon City, OR 97045

(START CARD) # 31815

35/1E/4 db

(1) OWNER: Well Number: 01
 Name Doug David (Mike Bradley-Builder)
 Address 5294 Amberwood Ct.
 City Lake Oswego State OR Zip 97035

(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 884 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	18	Cem. & Bent	0	18	8 Sacks
8	18	884				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	8	+4	19	.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) None used

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

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 Bailer Air Flowing Artesian
 Yield gal/min 33 Drawdown _____ Drill stem at 796 Time 1 hr.

Temperature of water 58° 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 3 South N or S. Range 1 East E or W. WM.
 Section 4 NW 1/4 SE 1/4
 Tax Lot 100&400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1290 Schaffer Rd.
West Linn, OR

(10) STATIC WATER LEVEL:
461 ft. below land surface. Date 7-25-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 443

From	To	Estimated Flow Rate	SWL
443	456	20	
805	884	13	
	Total	33	461

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	9	
Basalt gray weathered	9	18	
" gray & brown weathered	18	109	
" black hard	109	228	
" gray weathered fractured	228	357	
" gray	357	421	
" black	421	443	
" green soft	443	456	
" gray	456	594	
" " fractured porous			
tan sediment in pores	594	620	
Basalt black	620	805	
" " porous fractured	805	884	461

RECEIVED

AUG 14 1991

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7-2-91 Completed 7-22-91

(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.
 Signed Alan K. Edie WWC Number 1547
 Date Aug. 6, 1991

(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.
 Signed Maxine D. Steffen WWC Number 553
 Date Aug. 6, 1991

For Official Use Only:

Received Date: _____ County Well Log ID # _____ Well Identification Tag # LL# 41218
L 20496 ~~41218~~

WELL IDENTIFICATION APPLICATION FORM

Phone Call Jenny Milligan 4/19/00 Lost Tag when office moved.

BUYER/CURRENT WELL OWNER:

Reissued tag and Woif 4/19/00

Name: KATHRYN DAVID ESTATE

Mailing Address: 9 JENNY MILLIGAN
THE EQUITY GROUP, INC. 12550 SW 68th Parkway
10300 SW Greenburg Rd OR 97195

City: Portland State: OR Zip: 97223 Phone: (503) 452-6100 x2912
(503) 495-5167

WELL LOCATION: See attachments

County: CLAC 12223 4/19/00
Owner's Well Number: _____

Township: _____ N or S, Range: _____ E or W, Section: _____ 1/4 _____ 1/4

Tax Lot Number: _____ Type of Well: water supply _____ monitoring _____

Street Address of Well (if different from above): 12910 SW SCHAEFFER RD WEST LINN
OR

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: 51815 Approx. Construction Date: 8/1991

Well Constructor: SKYLES DRILLING

Name of Owner at Time of Construction: DOUG DAVID

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

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Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

AUG 10 1998

WATER RESOURCES DEPT.
SALEM, OREGON