

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

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

RECEIVED 19 CLAC 1973 25/16/20 ad
SEP 22 1994 (START CARD) # 70538

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

(1) OWNER: Well Number 02
Name Don & Gail Rigby
Address 3030 S.W. Childs Rd.
City Lake Oswego State Or. Zip 97034

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	39	Gran/Bent	39	0	17 sacks
6"	39	223				

How was seal placed: Method A B C D E
 Other Granular Bentonite Placed Dry
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: 6"	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	3	223	160#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
203	223	1/8x3	90			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		220	1 hr.

Temperature of water 53° 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 2 South N or S Range 1 East E or W. WM.
Section 20AD SE 1/4 NE 1/4
Tax Lot 01300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3030 SW Childs Rd
Lake Oswego, Or.

(10) STATIC WATER LEVEL:
90 ft. below land surface. Date 9-15-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 135'

From	To	Estimated Flow Rate	SWL
135'	144'	10022	90
144'	184'	9	90
184'	220'	69	90
Total		100	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil Brown	0	6	
Basalt Brown Weathered	6	12	
Basalt Brown Soft	12	20	
Basalt Gray Fractured	20	23	
Basalt Multicolor Soft	23	32	
Basalt Gray & Brown	32	77	
Basalt Brown & Gray	77	93	
Basalt Gray & Brown	93		
Fractured		118	
Basalt Gray	118	135	
Basalt Gray Porous	135	147	90
Basalt Gray Fractured	147	174	90
Basalt Gray & Brown	174	186	90
Basalt Gray Fractured	186	206	90
Basalt Brown Porous	206	220	90
Basalt Gray	220	223	

Date started 9-14-94 Completed 9-15-94
(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 Mani D. Skyles WWC Number 553 Date 9-16-94

(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 Stewart C. Bland WWC Number 1592 Date 9-16-94