

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

CLAC
 03235

Skyles Drilling, Inc. 1169 Molalla Ave.
 Oregon City, Oregon 97045
 656-22683

RECEIVED

Start Card #4441

AUG - 8 1988 25/E-216d

(1) **OWNER:** Well Number: 02
 Name Beverly Moffatt
 Address 3418 N.E. 129th Ave.
 City Portland State Oregon Zip 97230

(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 564 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	48	Cement/Bent	0	48	9 sacks
8"	48	564				

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: 8"	+1	48	.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) _____

(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"/>
						<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
150		560'	1 hr.

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 _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
 County Clackamas Latitude OREGON Longitude _____
 Township 2 So. N or S, Range 1 East E or W, WM.
 Section 21 S.E. 1/4 N.W. 1/4
 Tax Lot 100/300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (if nearest address) 19525 S.W. Johnson Rd.
West Linn, Oregon 97068

(10) **STATIC WATER LEVEL:**
229 ft. below land surface. Date 8-1-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 266'

From	To	Estimated Flow Rate	SWL
266	290	8 gpm	
450	485	80 gpm	
496	518	130 gpm	
534	551	150 gpm	229'

(12) **WELL LOG:** Ground elevation 330'

Material	From	To	SWL
Clay brown	0	22	
Basalt gray soft	22	42	
" gray	42	64	
" gray and brown	64	94	
" brown soft	94	106	
" gray	106	132	
" gray and brown	132	188	
" black	188	230	
" gray and brown	230	266	
" gray and brown porous	266	290	
" gray and brown	290	305	
" black hard	305	330	
" gray and brown	330	354	
" black hard	354	450	
" black and brown fractured	450	474	
" brown porous	474	485	
" gray	485	496	
" gray and brown	496	512	
" gray, brown and green	512	518	
" gray hard	518	534	
" gray and green	534	551	229'
" gray	551	564	

Date started 7-25-88 Completed 7-29-88

(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 553
 Signed Martin D. Skyles Date Aug. 2, 1988

RECEIVED

"START CARD"

NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

JUL 21 1988

WATER RESOURCES DEPT
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Beverly Moffatt
3418 N.E. 129th Ave.
Portland, Oregon 97230

Proposed Commencement Date 7-20-88

Proposed Well Depth 700', Diameter 8"
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

Proposed Well Location: County Clackamas
Township 2 South (N or S) Range 1 East (E or W) Section 21

At least 2 of these must be provided

- 1. S.E. 1/4 of N.W. 1/4 of above section
- 2. street address of 19525 S.W. Johnson Rd.
well location West Linn, Oregon
- 3. tax lot number of well location 100 + 300
- 4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Beverly Moffatt
Owner's Signature

x Maurice D. Skyles
Bonded Water Well Constructor

Owner
Title

License No. 553

6-29-88
Date

Company Skyles Drilling, Inc.

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.