

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

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

RECEIVED 25/1E/3/10
 JUN 27 1989 (START CARD) # 9907

(1) **OWNER:** Well Number: 01
 Name John & Debora Eckmann (Terry Banta "bldr")
 Address 2248 Valley View Dr.
 City West Linn State OR. Zip 97068

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	51	Cem. Bentonite	0	51	6 sacks
6"	51	244				

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: 6"	+1	51	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	28	244	160#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
206	242	1/8"	330			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
46 g.p.m.		240'	1 hr.
30 g.p.m.		215'	1/2 hr.

Temperature of water 54° 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 LONGITUDE _____
 Township 2 So. Nor S, Range 1 East E or W, WM.
 Section 31 S.W. 1/4 N.E. 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5400 S.W. Schatz Rd.
Tualatin, OR.

(10) **STATIC WATER LEVEL:**
181 ft. below land surface. Date 6-13-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 207'

From	To	Estimated Flow Rate	SWL
207'	244'	46 g.p.m.	181'

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Clay brown	0	10	
Basalt brown soft	10	34	
" gray soft	34	45	
" gray	45	60	
" black	60	98	
" brown	98	107	
Basalt black	107	154	
" brown porous	154	162	
" brown	162	174	
" gray	174	184	
" brown	184	193	
" gray	193	207	
" brown	207	214	
" black	214	216	
" gray & brown	216	220	
" brown	220	244	181'

Date started 6-12-89 Completed 6-13-89

(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 _____ WWC Number _____
 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.
 Signed Mami D. Skyles WWC Number 553
 Date June 20, 1989