

CLAC
51181

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

RECEIVED

WELL I.D.# L06243

NOV 18 1996

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

WATER RESOURCES DEPT. (STATE CARD) # 87802
SALEM, OREGON

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

(1) OWNER: Well Number 02
Name Mountain Air Water Assoc.
Address P.O. Box 118
City Welches State Or. Zip 97067

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 118 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	20	Cem/Bent	20	3	30 sacks
8"	20	118	Bentonite	3	0	9 sacks

How was seal placed: Method A B C D E
 Other Granular Poured
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"	+6	118	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
None							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 100 Drawdown _____ Drill stem at 117 Time 1 hr.

Temperature of water 54.6 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 or S Range 7 East E or W. WM.
Section 30DC SW 1/4 SE 1/4
Tax Lot 150 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 65340 Woodmere St. Brightwood, Or.

(10) STATIC WATER LEVEL:
+6 ft. below land surface. Date 10-31-96
Artesian pressure 0 lb. per square inch. Date 10-31-96

(11) WATER BEARING ZONES:
Depth at which water was first found 6'

From	To	Estimated Flow Rate	SWL
6	15	20	6
23	85	50	+6
92	118	100	+6

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand Gravel & Boulders	0	15	
Glacial Till Muddy	15	26	
Glacial Till	26	85	
Glacial Till Muddy & Wood	85	92	
Gravel Med.	92	118	+6

Date started 10-22-96 Completed 10-31-96

(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 Marvin D. Skyles WWC Number 553 Date 11-5-96

(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 11-5-96