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Skyles Drilling, Inc.
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Oregon City, OR 97045
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STATE OF OREGON JUN - 2 1997
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 98083

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

(1) OWNER: Well Number 01
Name Tony Martishey
Address 1040 Tierra Lynn Dr.
City Woodburn State Or. Zip 97071

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

(3) DRILL METHOD:
[X] Rotary Air [] Rotary Mud [] Cable [] Auger
[X] Other Holte

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [] Yes [X] No Depth of Completed Well 235 ft.
Explosives used [] Yes [X] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	18	Bentonite	18	0	16 sacks
9 1/2"	18	250				
9 1/2"	216	225	Cement	223	216	6 sacks

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other Bent Poured/Cement pumped
Backfill placed from 250 ft. to 235 ft. Material 3/8" gravel
Gravel placed from ____ ft. to ____ ft. Size of gravel 18 sacks

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+2	229	250	[X]	[]	[X]	[]
					[]	[]	[]	[]
					[]	[]	[]	[]
					[]	[]	[]	[]
Liner:	None				[]	[]	[]	[]
					[]	[]	[]	[]

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:
[] Perforations Method ____
[] Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
None						[]	[]
						[]	[]
						[]	[]
						[]	[]
						[]	[]

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200		220	1 hr.

Temperature of water 56° 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 4 South N or S Range 1 East E or W. WM.
Section 32 NW 1/4 NW 1/4
Tax Lot 500 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) S. Barlow R
Canby, Or.

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 5-17-97
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 57'

From	To	Estimated Flow Rate	SWL
57'	74'	40	30
97'	112'	100	30
223'	249'	200	30

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Clay Brown Sandy	0	6	
Clay Brown	6	57	
Sand Brown	57	74	
Clay Gray	74	97	
Sand Gray Med Some Gravel	197	112	
Clay Gray	112	223	
Sand Cemented Gray Med	223	249	30
Clay Gray	249	250	

Date started 5-8-97 Completed 5-17-97

(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.
WWC Number 553
Signed Kevin D. Skyles Date 5-23-97

(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.
WWC Number 1592
Signed Steven C. Bland Date 5-23-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER