

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

CLAC 57720

WELL ID # L **L50654**

START CARD # **W146716**

SKYLES DRILLING, INC.

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

(1) OWNER: Well Number: **01**
 Name **Peterson Construction, Inc.**
 Address **PO Box 2226**
 City **Wilsonville** State **OR** Zip **97070**

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other **Pump Hoist**

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **240** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
N/A						

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	2.5	0.250	<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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
N/A						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
N/A			1 hr.

Temperature of Water _____ 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 **3SOUTH** N or S. Range **1EAST** E or W. of WM.
 Section **18** SE 1/4 **NW** 1/4
 Tax lot **03100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **5442 SW Kruse Rd.**
Wilsonville, OR

(10) STATIC WATER LEVEL:
120 ft. below land surface. Date **3/21/2002**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **N/A**

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
This is a Casing Extension Only.			
This Well Was Originally Drilled for Elmer Kruse CLAC9382			

RECEIVED
MAR 27 2002
 WATER RESOURCES DEPT.
 SALEM, OREGON
Skyles Drilling, Inc.
1169 Molalla Ave.
Oregon City, OR 97045
503-656-2683

Date started **3/21/2002** Completed **3/21/2002**

(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 _____ WWC Number **1601**
 Date **3/21/2002**

(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 **3/21/02**