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CLACKAMAS 10743-43

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

OCT 27 2005

SKYLES DRILLING, INC.
503-656-2683

WELL ID # L 72775
START CARD # W181887

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER: Well Number: **02**
Name **Mt. Hood Rock Products**
Address **PO Box 175**
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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **364** ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
8	198 364	Cement & Bentonite	218	10	28 Sacks

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:
Casing: Diameter **6** From **+1** To **218** Gauge **.250**
Liner: **None**
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
None

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min **27** Drawdown _____ Drill stem at **360** Time **1 hr.**

Temperature of Water **52** 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 **2SOUTH** N or S. Range **6EAST** E or W. of WM.
Section **24** **NE** 1/4 **SW** 1/4
Tax lot **2001** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **62285 E Boulder Creek Ln, Brightwood, OR**

(10) STATIC WATER LEVEL:
220 ft. below land surface. Date **10/10/2005**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **225**

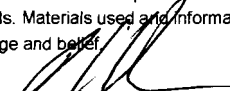
From	To	Estimated Flow Rate	SWL
Before	Deepening	3	92
225	281	8	220
286	348	19	220

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Lava, multicolored fractured	198	213	
Basalt, brown & gray	213	225	
Basalt, gray & brown fractured	225	239	220
Basalt, brown & gray fractured & porous	239	252	220
Basalt, gray & brown fractured	252	281	220
Basalt, gray	281	286	
Basalt, gray & brown fractured	286	290	220
Basalt, brown & gray fractured	290	298	220
Basalt, gray & brown fractured & porous	298	302	220
Basalt, brown & gray fractured & porous	302	309	220
Basalt, gray & brown fractured	309	325	220
Basalt, brown & gray fractured	325	333	220
Basalt, gray w/ white fractured	333	342	220
Basalt, gray & brown fractured	342	348	220
Basalt, gray	348	364	

Skyles Drilling, Inc.
1169 Molalla Ave.
Oregon City, OR 97045
(503) 656-2683

Date started **10/4/2005** Completed **10/10/2005**

(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 **1715**
Date **10-12-05**
Skyles Drilling, Inc.

(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  WWC Number **1592**
Date **10/12/05**
Skyles Drilling, Inc.

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WATER RESOURCES DEPT
SALEM, OREGON