

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

SKYLES DRILLING, INC.

503-656-2683

WELL ID # L **75433**

START CARD # **W181914**

(1) OWNER:

Well Number: **01**

Name **Badger Drive Water Co-op**
 Address **20565 S Polehn Dr**
 City **Oregon City** State **OR** Zip **97045**

(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 **594** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
8		Unchanged			

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: 8	+1	1	.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
None						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
Trace		600	1 hr.

Temperature of Water _____ Depth Artesian Flow found _____

Was a water analysis done? Yes No 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 **3S** N or S. Range **3E** E or W. of WM.
 Section **17C** **NW** 1/4 **SW** 1/4
 Tax lot **02800** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Nearest 20615 S Polehn Dr, Oregon City, OR**

(10) STATIC WATER LEVEL:

547 ft. below land surface. Date **11/8/2005**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

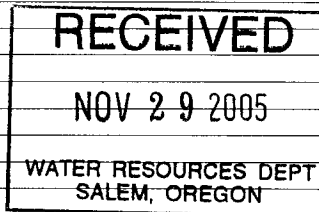
Depth at which water was first found **N/A**

From	To	Estimated Flow Rate	SWL
Before	Cleanout	Trace	547
After	Cleanout	Trace	547

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
This is a clean-out only, with temporary abandonment. Original well CLAC16779			
Skyles Drilling, Inc.			
1169 Molalla Ave.			
Oregon City, OR 97045			
(503) 656-2683			



Date started **11/8/2005** Completed **11/9/2005**

(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 *[Signature]* WWC Number **1601**
 Date **11/11/2005**
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 *[Signature]* WWC Number **1592**
 Date **11/11/2005**
Skyles Drilling, Inc.