

**(1) OWNER:** Well Number: **02**  
 Name **Canby Excavating, Inc. / Ponte Cino Project**  
 Address **P.O. Box 848**  
 City **Canby** State **OR** Zip **97013**

**(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 **0** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	400	Gravel	400	335	36 Sacks
			Cement & Bentonite			
			Bentonite		9	116 Sacks
			Bentonite		9	9 Sacks

How was seal placed: Method  A  B  C  D  E  
 Other **Poured gravel, pumped cement.**  
 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: 10	+1	338	.279	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Existing</b>							
Liner: <b>Removed</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) **N/A**

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method **Air Perforator**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	335	1/8x1	6100			<input checked="" 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
<b>N/A</b>			

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 **2SOUTH** N or S. Range **2EAST** E or W. of WM.  
 Section **02** **NW** 1/4 **SE** 1/4  
 Tax lot **400** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **13750 SE 132nd Ave., Clackamas, OR**

**(10) STATIC WATER LEVEL:**  
**180** ft. below land surface. Date **5/4/2006**  
 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

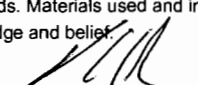
**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
<b>Abandonment only of CLAC 03934. Screen Removed.</b>			
<b>Skyles Drilling, Inc.</b>			
<b>1169 Molalla Ave.</b>			
<b>Oregon City, OR 97045</b>			
<b>(504) 656-2683</b>			

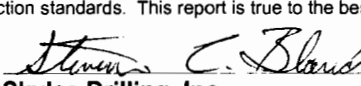
**RECEIVED**  
**MAY 18 2006**  
**WATER RESOURCES DEPT**  
**SALEM, OREGON**

Date started **5/4/2006** Completed **5/8/2006**

**(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 **5-8-06**  
**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 **5/8/2006**  
**Skyles Drilling, Inc.**