

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

WELL ID # L **77741**
 START CARD # **W185288**

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

(1) OWNER: Well Number: **01**
 Name **Neil Matteucci and Norm Kalbfleisch**
 Address **15315 SE Woodland Way**
 City **Oak Grove** State **OR** Zip **97267**

(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 **282** ft.
 Expusives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 122	Bentonite	11	0 8	Sacks
6	122 282	Cement & Bentonite	122	11	25 Sacks

How was seal placed: Method A B C D E
 Other **Poured Bentonite**
 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	+1.5 122	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	4 282	160#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

X Perforations		Method Saw		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size
263	281	1/8x3	80		

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

Pump	Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
50		279	1 hr.

Temperature of Water **53.2** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? No 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 **1EAST** E or W. of WM.
 Section **12BC** **SW** 1/4 **NW** 1/4
 Tax lot **700** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **15315 SE Woodland Way, Oak Grove, OR**

(10) STATIC WATER LEVEL:
136 ft. below land surface. Date **6/29/2006**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **13'**

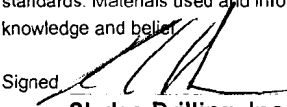
From	To	Estimated Flow Rate	SWL
13	41	40	0
171	282	50	136

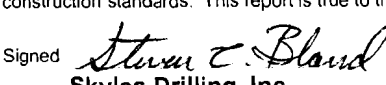
(12) WELL LOG:

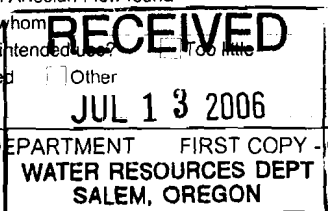
Material	From	To	SWL
Skyles Drilling, Inc. 1169 Molalla Ave. Oregon City, OR 97045 (503) 656-2683			
Top soil, brown	0	2	
Clay, brown silty	2	8	
Clay, gray sandy	8	13	
Sand, gray, fine	13	18	
Sand, cemented w/ wood, gravel & clay, gray sand@ times	18	41	
Clay, gray	41	60	
Clay, brown	60	68	
Clay, dark brown	68	78	
Clay, grayish-brown	78	106	
Clay, greenish-gray	106	110	
Clay, black	110	117	
Basalt, gray	117	131	
Basalt, gray & black	131	152	
Basalt, gray	152	163	
Basalt, gray & black	163	169	
Basalt, gray	169	171	
Basalt, gray & black fractured	171	185	136
Basalt, black fractured	185	188	136

Continued on next page

Date started **6/26/2006** Completed **6/29/2006**

(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 **7-5-06**

(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 **6/30/2006**



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WATER SUPPLY WELL REPORT
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CLAC 62527
SKYLES DRILLING, INC.
 503-656-2683

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 Page 2

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 Explosives used Yes No Type _____ Amount _____

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

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 _____

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Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<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:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
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(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

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 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
Basalt, black, brownish-gray & blue very fractured	188	192	136
Basalt, gray w/ green & brown fractured	192	200	136
Basalt, gray & black fractured	200	209	136
Basalt, black, gray & brown	209	213	136
Basalt, gray fractured @ times	213	222	136
Basalt, black fractured	222	224	136
Basalt, gray & brown fractured	224	226	136
Basalt, gray porous & fractured	226	231	136
Basalt, gray fractured	231	234	136
Basalt, multicolored porous & fractured	234	242	136
Basalt, gray fractured and/or porous	242	262	136
Basalt, multicolored mainly brown, porous & fractured	262	271	136
Basalt, gray fractured	271	282	136

Date started **6/26/2006** Completed **6/29/2006**

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