

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

CLAC 63052
SKYLES DRILLING, INC.
503-656-2683

WELL ID # L **86963**
 START CARD # **W1000285**

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

(1) OWNER: Well Number: **01**
 Name **Currinsville Mobile Park**
 Address **P.O. Box 66412**
 City **Portland** State **OR** Zip **97290**

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

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
10	0 18	Cement &	18	
		Bentonite		5 9 Sacks
		Bentonite	5 0	2 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" Not Changed		.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:

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			

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 **3SOUTH** N or S. Range **4EAST** E or W. of WM.
 Section **08** SW 1/4 **SE** 1/4
 Tax lot **3800** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **28388 SE Eagle Creek Rd., Estacada, OR**

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date **11/14/2006**
 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

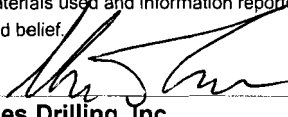
(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
This is an overdrill only to repair surface seal.			
Skyles Drilling, Inc.			
1169 Molalla Ave.			
Oregon City, OR 97045			
(503) 656-2683			

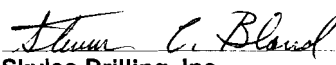
RECEIVED
DEC 06 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date started **11/14/2006** Completed **11/14/2006**

(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 **1601**
 Date **11/23/2006**
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 **11/24/2006**
Skyles Drilling, Inc.