

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

CLAC 64038
SKYLES DRILLING, INC.
503-656-2683

WELL ID # L **55473**
 START CARD # **W1002180**

(1) OWNER: Well Number: **02**
 Name **Dan & Kathy Harmon**
 Address **930 Rosemont Rd.**
 City **West Linn** State **OR** Zip **97068**

(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 **672** ft.
 Explosives used Yes No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
			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:	6	+1		.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Existing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.5	12	32	200#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4.5	32	112	160#	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4.5	112	672	200#	<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:

Perforations Method **Saw**
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
663	671	1/8x3	40			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer 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 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 **1EAST** E or W. of WM.
 Section **23** NW 1/4 SW 1/4
 Tax lot **900** Lot Block Subdivision
 Street Address of Well (or nearest address) **930 Rosemont Rd., West Linn, OR**

(10) STATIC WATER LEVEL:
574 ft. below land surface. Date **9/17/2007**
 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

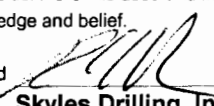
(12) WELL LOG:

Material	From	To	SWL
Removed 4" liner, Installed 4.5" liner.			
Skyles Drilling, Inc. 1169 Molalla Ave. Oregon City, OR 97045 (503) 656-2683			

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WATER RESOURCES DEPT
SALEM OREGON

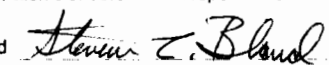
Date started **9/14/2007** Completed **9/17/2007**

(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 **9-19-07**

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 **9/18/2007**

Skyles Drilling, Inc.