

STATE OF OREGON
WATER SUPPLY WELL REPORT

SKYLES DRILLING, INC.
503-656-2683

WELL ID # L 99536

START CARD # W204792

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

(1) OWNER: Well Number: **02**
Name **Siecor, LLC/Eagle Crest Mobile Home Properties**
Address **P.O. Box 1170**
City **Mulino** State **OR** Zip **97042**

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
8	483	740	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 +2 317 .250
Existing
Liner: 4.5 2 702 SDR26
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
541 561 1/8x3 72 _____ _____
661 681 1/8x3 72 _____ _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
12 _____ 738 3 hrs.
12 _____ 598 1 hr.

Temperature of Water **60.4** 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 **3SOUTH** N or S. Range **4EAST** E or W. of WM.
Section **05** NE 1/4 SW 1/4
Tax lot **4300** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **25800 SE Eagle Creek Rd, Eagle Creek, OR**

(10) STATIC WATER LEVEL:
200 ft. below land surface. Date **2/1/2010**
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	Deepening	12	200
After	Deepening	12	200

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Lava, gray fractured	483	487	
Lava, gray & red porous	487	508	
Lava, gray & red fractured & porous	508	514	
Lava, gray, brown & red fractured & porous	514	532	
Lava, multicolored fractured	532	550	
Lava, gray, brown & red fractured	550	556	
Lava, gray & red w/claystone, brown soft & fractured	556	567	
Claystone, gray & brown fractured	567	576	
Claystone fractured w/clay, mc	576	586	
Clay, dark gray gritty	586	593	
Clay, gray & red w/seams of claystone, red fractured	593	601	
Basalt, weathered	601	631	
Basalt, gray & black fractured	631	713	
@times		713	
Clay, red	713	726	
Basalt, gray	726	740	

Date started **1/19/2010** Completed **1/28/2010**

(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 **1884**
Date **2-3-10**
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 **2-3-10**
Skyles Drilling, Inc.

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FEB 22 2010