

**503-656-2683**

(1) OWNER: Well Number: **02**  
 Name **James Elvin/BLM District Engineer/Jade Excavation**  
 Address **1717 Fabry Rd SE**  
 City **Salem** State **OR** Zip **97306**

(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 **Campground**

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well **152** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
11.6	0	19	Cement w/5%	32		
8	19	32	bentonite		0	7 Sacks
6	32	152				

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	+3	32	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4	12	152	Sch40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
133	151	1/8x3	75			<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
1.6		150	1 hr.

Temperature of Water **65** Depth Artesian Flow found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom **Driller, 2ppm Iron**  
 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 **6SOUTH** N or S. Range **3EAST** E or W. of WM.  
 Section **30** NE 1/4 NE 1/4  
 Tax lot **6300** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **Cedar Grove Campsite, S Molalla Forest Rd, Molalla**

(10) STATIC WATER LEVEL:  
**7** ft. below land surface. Date **9/14/2012**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found **6'**

From	To	Estimated Flow Rate	SWL
6	11	Trace	N/A
64	126	1.6	7

(12) WELL LOG:

Material	From	To	SWL
Top soil, brown	0	1	
Gravel, medium w/cobbles & boulders	1	11	
Basalt, gray semi-fractured	11	64	
Basalt, gray fractured	64	126	7
Basalt, gray semi-fractured	126	140	
Basalt, gray w/ blue & white	140	143	
Clay, blue	143	144	
Basalt, gray & multicolored blue	144	152	

**SKYLES DRILLING, INC.**  
**503-656-2683**

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SEP 26 2012

SALEM, OR

Date started **9/13/2012** Completed **9/14/2012**

(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 **9/17/2012**  
**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 **9/17/2012**  
**Skyles Drilling, Inc.**