

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 72730
SKYLES DRILLING, INC.

503-656-2683

WELL ID # L 124953

START CARD # W1033098

CLAC 12736

(1) OWNER:

Well Number: 01

Name Steven N Milner

Address 1034 S Molalla Ave

City Oregon City State OR Zip 97045

(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 80 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	54	Bentonite	54	0	24 Sacks	
6	54	80	Calculated			24 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	59	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	4	80	Sch40	☐	☒	☐	☒
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None

Final location of shoe(s) 59'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	79	1/8x3	102			☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 40 Drawdown 78 Drill stem at 1 hr.

TDS Amount 12 ppm

Temperature of Water 57° 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 2EAST E or W. of WM.
Section 35 SE 1/4 NE 1/4
Tax lot 01000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 23225 S Beavercreek Rd, Beavercreek, OR

(10) STATIC WATER LEVEL:

16 ft. below land surface. Date 11/29/2016
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60	80	40	16

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil, brown	0	2	
Clay, red	2	14	
Lava, weathered w/clay, multicolored	14	60	
Sand, multicolored cemented	60	80	16

SKYLES DRILLING, INC.

503-656-2683

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SALEM, OR

WATER RESOURCES DEPT
SALEM, OREGON

Date started 11/29/2016

Completed 11/29/2016

(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 _____

Skyles Drilling, Inc.

WWC Number 1884

Date 11/30/2016

(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 _____

Skyles Drilling, Inc.

WWC Number 1592

Date 11/30/2016