

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

CLAC 73592
SKYLES DRILLING, INC.
 503-656-2683

WELL ID # L 127358
 START CARD # W1035818
CLAC 73592

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

(1) OWNER: Well Number: 02
 Name Temperate Orchard Conservancy
 Address PO Box 529
 City Molalla State OR Zip 97038

(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 241 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
11.5	0 78	Cement w/5%	78		
8	78 241	bentonite		0	33 Sacks
		Calculated			25 Sacks

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	220	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: KPacker	200	201	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	201	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	236	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 215'; TempCasing Dia10" From +2'to78'

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type V-Wrap Material S.Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
221	236	0.014		6	Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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
250		238	0.5 hr.
200		197	0.5 hr.
		TDS Amount	62 ppm

Temperature of Water 55° Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom SDI, Iron 0.8 ppm
 Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Clackamas Latitude _____ Longitude _____
 Township 4SOUTH N or S. Range 2EAST E or W. of WM.
 Section 32 SE 1/4 NE 1/4
 Tax lot 00400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 29438 S Molalla Ave,
Molalla, OR

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 11/29/2017
 Artesian pressure _____ lb. per square inch. Date _____

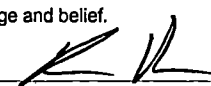
(11) WATER BEARING ZONES:
 Depth at which water was first found 24'

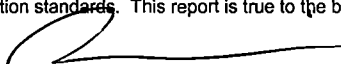
From	To	Estimated Flow Rate	SWL
24	66	2	24
76 / 149	101 / 160	25 / 200	26
176	180	75	26
222	236	300	26

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Clay, brown	0	9	
Gravel, medium w/boulders, large to medium	9	24	
Gravel, multicolored medium dirty	24	66	
Gravel, multicolored medium mixed w/clay, brown	66	76	
Gravel, multicolored medium cemented	76	98	
Clay, tan sandy w/seams of sand, brown cemented	98	101	
Gravel, gray & brown medium cemented	101	108	
Gravel, multicolored medium mixed w/clay, gray	108	119	
Gravel, multicolored medium w/sand, tight	119	126	
Gravel, medium mixed w/clay, gray	126	129	
Clay, gray sandy	129	149	
Sand, black cemented	149	154	
Sand, black medium 0.014	154	160	
Sand, gray packed	160	172	
Claystone, gray crumbly	172	176	
Sand, multicolored cemented	176	180	

Continued on next page
 Date started 10/24/2017 Completed 11/29/2017

(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 11/30/2017

(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 1998
 Date 11/30/2017

(1) OWNER: Well Number: **02**
 Name **Temperate Orchard Conservancy**
 Address **PO Box 529**
 City **Molalla** State **OR** Zip **97038**

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(3) DRILL METHOD:
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 Other

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

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
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Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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

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 **4SOUTH** N or S. Range **2EAST** E or W. of WM.
 Section **32** **SE** 1/4 **NE** 1/4
 Tax lot **00400** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **29438 S Molalla Ave,**
Molalla, OR

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

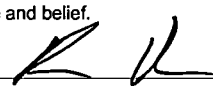
From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay, sandy mixed w/lenses of claystone, grayish-brown	180	189	
Clay, gray sandy	189	193	
Clay, brownish-gray sandy	193	210	
Clay, gray sandy crumbly	210	214	
Gravel, multicolored small to medium	214	215	
Conglomerate, multicolored	215	222	
Sand, multicolored medium 0.014	222	236	26
Clay, bluish-gray sandy	236	241	

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503-656-2683

Date started **10/24/2017** Completed **11/29/2017**

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 Date **11/30/2017**
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