

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 73889

SKYLES DRILLING, INC.

503-656-2683

WELL ID # L 128817

START CARD # W1038145

(1) OWNER:

Well Number: 01

Name Lacey Prueitt

Address 450 Twilight Trail

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 270 ft.

Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	95	Bentonite	95	0	47 Sacks	
6	95	270					
			Calculated			38 Sacks	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Poured

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	95	.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: 4	10	270	Sch40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 Saw

☐ Screens

Type _____

Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
249	269	1/8x3	120			<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 ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15		268	1 hr.

TDS Amount 145 ppm

Temperature of Water 53° 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 27D NE 1/4 SE 1/4

Tax lot 00100 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 22035 S Wisteria Rd,

West Linn, OR

(10) STATIC WATER LEVEL:

160 ft. below land surface.

Date 3/22/2018

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 192'

From	To	Estimated Flow Rate	SWL
192	260	15	160

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Clay, brown	0	4	
Basalt, weathered soft	4	22	
Basalt, gray & brown fractured medium	22	56	
Basalt, gray & black hard	56	68	
Basalt, gray & brown fractured medium	68	75	
Basalt, gray hard	75	142	
Basalt, black hard	142	163	
Basalt, black & gray hard	163	192	
Basalt, gray & green fractured porous medium	192	210	160
Basalt, gray w/light brown fractured medium	210	216	160
Basalt, black porous medium	216	252	160
Basalt, gray fractured hard	252	260	160
Basalt, gray hard	260	270	

SKYLES DRILLING, INC.

503-656-2683

Date started 3/20/2018

Completed 3/22/2018

(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 3/22/2018

(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 1998

Date 3/22/2018

OWRD