

(1) OWNER: Well Number: **01**
 Name **Happy Hollow Farms / Will Garrison**
 Address **2050 Beaver Creek Rd, Suite 102-169**
 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 **60** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	52	Bentonite	20	0	9 Sacks
6	52	60	Calculated			9 Sacks

How was seal placed: Method A B C D E
 Other **Poured**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **52** ft. to **20** ft. Size of gravel **3/8 pea 27sks**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	52	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4.5	3	60	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 **Torch / Saw**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	51	1/8x	22			<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	60	1/8x3	45			<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
40		57	1 hr.

TDS Amount **20.6 ppm**

Temperature of Water **56.6°** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **SDI, Iron Trace**
 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 **45.25726** Longitude **122.58618**
 Township **4SOUTH** N or S. Range **2EAST** E or W. of WM.
 Section **05** **NW** 1/4 **NE** 1/4
 Tax lot **200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **13678 S Spangler Rd,**
Oregon City, Oregon

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date **5/4/2020**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **22'**

From	To	Estimated Flow Rate	SWL
22	57	40 5/4/20	22

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil, brown	0	3	
Clay, reddish-brown	3	18	
Lava, multicolored weathered	18	39	22
Lava, gray & brown soft	39	48	22
Lava, gray & brown fractured	48	51	22
Lava, gray fractured	51	57	22
Lava, gray w/white specks	57	60	

SKYLES DRILLING, INC.
503-656-2683

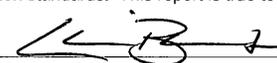
RECEIVED
 MAY 08 2020
 OWRD

Date started **5/1/2020** Completed **5/4/2020**

(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 **5/4/2020**
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 **2006**
 Date **5/4/2020**
Skyles Drilling, Inc.