

(1) OWNER: Well Number: 02
 Name Dave Long
 Address PO Box 629
 City Clatskanie State OR Zip 97016

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 95	Cement w/5%	95		
6	95 103	bentonite	7	20 Sacks	
		Bentonite	0	7 Sacks	
		Calculated		20 Sacks	

How was seal placed: Method A B C D E
 Other Poured bentonite
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 103 ft. to 96 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2.5	97.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<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:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
None						<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 _____

40		12	1 hr.
7			24 hrs.

 TDS Amount 332 ppm

Temperature of Water 53.5° Depth Artesian Flow found 102'
 Was a water analysis done? Yes By whom SDI, Iron 20+ ppm
 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 Columbia Latitude _____ Longitude _____
 Township 8NORTH N or S. Range 4WEST E or W. of WM.
 Section 33 SW 1/4 NE 1/4
 Tax lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 78802 Rantala Rd,
Clatskanie, OR

(10) STATIC WATER LEVEL:
 +5 ft. below land surface. Date 12/8/2017
 Artesian pressure 1 lb. per square inch. Date 12/8/2017

(11) WATER BEARING ZONES:
 Depth at which water was first found 5'

From	To	Estimated Flow Rate	SWL
5	17	2	1
102	103	300+	+5

(12) WELL LOG:

Material	From	To	SWL
Top soil, brown	0	5	
Sand, gray silty w/wood	5	17	
Clay, gray sandy & silty w/wood	17	26	
Clay, gray silty w/wood	26	102	
Sand, gray medium	102	103	+5

Recommend pump set at 12'

SKYLES DRILLING, INC.
503-656-2683

RECEIVED
JAN 08 2018
OWRD

Date started 12/5/2017 Completed 12/8/2017

(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 12/20/2017
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 1998
 Date 12/20/2017
Skyles Drilling, Inc.