

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

SKYLES DRILLING, INC.

START CARD # W163956

(1) OWNER: Well Number: 02
Name Windy Ridge Nursery
Address 1918 SE 302 Avenue
City Troutdale State OR Zip 97060

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other Holte

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 840.5 ft.
Explosives used Yes No Type Amount

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds
15 0 39 Bentonite 39 0 59 Sacks
11.5 39 198 Cement 198 178 14 Sacks
10 198 437 Cement 585 577 10 Sacks
8 437 577
10 577 585
8 585 840.5

How was seal placed: Method A B C D E
 Other Poured Bentonite / Pumped Cement
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: 10 +1 198 .250
8 +1.5 585 .250
Liner: None
Drive Shoe used Inside Outside None
Final location of shoe(s) 8" @ 585'

(7) PERFORATIONS/SCREENS:
 Perforations Method
 Screens Type Material
From To Slot size Number Diameter Telephone Case Liner
None
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(8) WELL TESTS: Minimum testing
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
650+ 839 1 hr.
650+ 520 .25 hr.
150 300 .25 hr.
Temperature of Water 60.8 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 very fine sand
Depth of strata: 345' to 474'

(9) LOCATION OF WELL by legal description:
County Multnomah Latitude Longitude
Township 1SOUTH N or S. Range 4EAST E or W. of WM.
Section 05 SE 1/4 SW 1/4
Tax lot 500 Lot Block Subdivision
Street Address of Well (or nearest address) 1918 SE 302nd Avenue, Troutdale, OR

(10) STATIC WATER LEVEL:
239 ft. below land surface. Date 6/3/2004
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 33'
From To Estimated Flow Rate SWL
33 36 2 16
345 474 10 270
612 672 9 239
840 840.5 650+ 239

(12) WELL LOG:
Ground elevation
Material From To SWL
Clay, Brown, Sandy 0 17
Gravel, Cemented w/ Boulders 17 36
Clay, Brown, Gritty 36 65
Sand, Cemented, Multicolored 65 80
Conglomerate, Multicolored 80 91
Sand, Cemented, Multicolored w/ Conglomerate 91 132
Conglomerate, Multicolored 132 181
Rhododendron, Multicolored 181 345
Gravel, Medium w/ layers of Sand, Cemented, Brown 345 432
Gravel, Medium w/ Sand, Fine w/ Mica, Gray, Packed 432 474
Clay, Gray, mixed w/ Blue at times 474 510
Clay, Red-Brown, Gritty 510 523
Claystone, Red-Brown 523 530
Clay, Red-Brown, Gritty 530 577
Basalt, Gray & Brown 577 587
Basalt, Black 587 602
Basalt, Gray & Brown 602 608
Volcanic Ash, Brown-Red 608 612
Basalt, Gray, Fractured 612 627
Basalt, Black, Fractured 627 641
Continued on next page

Date started 4/8/2004 Completed 6/3/2004

(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 [Signature] WWC Number 1715 Date 6-4-04

(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 Steven C. Bland WWC Number 1592 Date 6/4/04

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

SKYLES DRILLING, INC.

(1) OWNER: Well Number: **02**
 Name **Windy Ridge Nursery**
 Address **1918 SE 302 Avenue**
 City **Troutdale** State **OR** Zip **97060**

(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 _____ 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
Casing:				<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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____ Material _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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

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 **Multnomah** Latitude _____ Longitude _____
 Township **1SOUTH** N or S. Range **4EAST** E or W. of WM.
 Section **05** **SE** 1/4 **SW** 1/4
 Tax lot **500** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **1918 SE 302nd Avenue, Troutdale, 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
Basalt, Multi-shades of Gray, Fractured	641	648	
Basalt, Gray, Fractured	648	652	
Basalt, Multicolored, Porous	652	661	
Basalt, Gray & Brown, Porous	661	672	
Basalt, Gray	672	682	
Basalt, Multicolored, Fractured	682	687	
Basalt, Black	687	746	
Basalt, Gray & Brown, Fractured	746	759	
Basalt, Gray	759	840	
Basalt, Gray, Fractured	840	840.5	239

SKYLES DRILLING, INC.
 1169 Molalla Avenue
 Oregon City, OR 97045
 503-656-2683

RECEIVED

JUN 10 2004

**WATER RESOURCES DEPT
 SALEM, OREGON**

Date started **4/8/2004**

Completed **6/3/2004**

(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 **6-4-04**

(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 *Steven E. Bland* WWC Number **1592**
 Date _____



Oregon

Theodore R. Kulongoski, Governor

Water Resources Department

North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

April 13, 2004

SKYLES DRILLING
STEVEN C BLAND #1592
1169 MOLALLA AVENUE
OREGON CITY OR 97045

FINAL ORDER

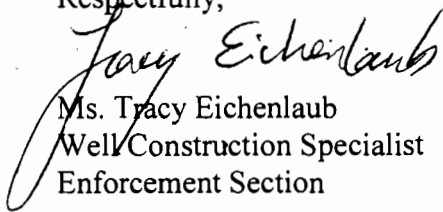
Dear Mr. Bland:

The special standard request you submitted for owner: Ron and Sue Johnston, start card number 163956 is approved for the following: reduced annulus in the lower seal (eccentric drilling), the lower seal shall be 15 feet, rather than the minimum 5 feet. See Oregon Administrative Rule (OAR) 690-210-0150. Your special standard request form is enclosed.

The Well Construction Standards serve to protect ground water resources. By approving and issuing this special construction standard the Oregon Water Resources Department is not representing that a well constructed in accordance with this condition will maintain structural integrity or that it meets engineering standards. The well constructor/or landowner is responsible for ensuring that a well is constructed in a manner that protects ground water resources as required under Oregon Administrative Rules 690-200 through 690-240.

If you have any questions concerning this letter, please contact me at (503) 986-0851, or by e-mail at tracy.l.eichenlaub@wr.d.state.or.us.

Respectfully,


Ms. Tracy Eichenlaub
Well Construction Specialist
Enforcement Section

enclosure

cc: Kris Byrd, NW Region Well Inspector

This is a final order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review of the order must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137.004-0080 and OAR 690-01-0005 you may either petition for judicial review or petition the Director for reconsideration of this order.