The original and first copy of this report are to be filed with the REPORT STATE ENGINEER, SALEM, OREGONISTSION E ENGINEER OF OREGONS: ATE !!! NState Welling within 30 days from the date of well completion. SALEM OREGONISTS type or print) CALLYI, CRATE Permit No. (1) OWNER: Drawdown is amount water level is lowered below static level (11) WELL TESTS: Name SUMMERS. Bradley B. Was a pump test made? ☐ Yes ☐ No If yes, by whom? RT. 2 Box 148 Sherwood . Ore. gal./min. with ft. drawdown after (2) LOCATION OF WELL:

County Grant Driller's well number 1966-26	Bailing test gal./min with C ft. drawdown after hrs.	
14 14 Section 34 T. 44842SR. 1W W.M.	Artestan (flow 206 p.m. Date	
Bearing and distance from section or subdivision corner	Temperature of water Was a chemical analysis made? ☐ Yes ☐ No (12) WELL LOG: Diameter of well below casing 6	
	Depth drilled 3 80 ft. Depth of completed well 380 ft.	
	Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.	
	MATERIAL FROM TO	
(3) TYPE OF WORK (check):	TAD And	
New Well Deepening Reconditioning Abandon and andonment, describe material and procedure in Item 12.	Boulders + red Clay Decomposed basels 42 75	
(4) PROPOSED USE (check): (5) TYPE OF WELL:	Columbia River Basolt 75180	
Domestic Industrial Municipal Rotary Industrial Irrigation Test Well Other Cable Jetted	Hard " " 180 310	
Dug 🗌 Bored 🗍	Klash " " 330 360	
(6) CASING INSTALLED: Threaded □ Welded □	Soft Brown Col. " " 360 380	
(7) DEDEODATIONS.		
a oxidiated. — ics part		
Type of perforator used		
Size of perforations in. by in.		
perforations from ft. to ft		
perforations from		
perforations from ft. to ft.		
perforations from		
(a) COPTIVIC		
(8) SCREENS: Well screen installed? ☐ Yes ☐ No		
Manufacturer's Name		
Model No.		
Slot size Set from ft. to ft.	Work started July 28 19 Completed Qua # 1960	
Diam. Slot size Set from ft. to ft.	Date well drilling machine moved off of well dug 13- 19 6	
(9) CONSTRUCTION:	(13) PUMP:	
Well seal—Material used in seal	Manufacturer's Name Jaulanks morse	
Diameter of well bore to bottom of seal	Type: Sulfminately H.P. 3	
Were any loose strata cemented off? Tyes 1-No Depth	Water Well Contractor's Certification:	
Was a drive shoe used? Yes □ No	This well was drilled under my jurisdiction and this report is	
Was well gravel packed? ☐ Yes ☐ Yo Size of gravel:		
Gravel placed from ft. to ft.	NAME SKYLES DRILLING & SUPPLY	
any strata contain unusable water? 🔲 Yes 🔲 No (Person, firm or corporation) (Type or print)		
Type of water? depth of strata	Address GLADSTONE, OREGON	
Method of sealing strata off	995	
(10) WATER LEVELS:	Drilling Machine Operator's License No.	
Static level 4 ft. below land surface Date also 4	[Signed] Serve St. Abylia (Water Well Confractor)	

Contractor's License No. 5 8 Date Que 9 (USE ADDITIONAL SHEETS IF NECESSARY)

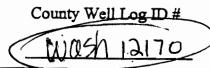
ft. below land surface Date alla

lbs. per square inch Date

Artesian pressure

For Official Use Only:

Received Date:



Well Identification Tag#

1-54912

WELL IDENTIFICATION APPLICATION FORM RECEIVED

BUYER/CURRENT WELL OV	VNER:	NOV - 7 2001
Name: Bradley B	. Summers	
Mailing Address: <u>/0860</u>	SW Tonquin Rd.	One doly
. .	State: <u>OR</u> Zip: <u>97140</u>	
NOTE: Well Identification I	ag will be sent to the above addre	ess unless otherwise specified.
WELL LOCATION:	Latitude	Longitude
County: Washington	Owner's Well Number (lst or 2 nd , etc)
<i>O</i>	Range:E or W, Section	
Tax Lot Number:	Type of Well: water supply	monitoring
Address of Well (if different from	n above):	•
Does this well have a formal wat	er right associated with it? Yes:	No:
If Yes: Application #:	Permit #:	Certificate #:
WELL INFORMATION: (do no	t complete remainder of application is	well log is attached)
Start Card Number:	Approx. Construction	Date:
Well Constructor:		
Name of Land Owner at Time of	Construction:	
Well Depth (in feet):	Static Water Level (in	reet):
Diameter of Exposed Well Casing	g (in inches):	
Please Return Completed Form to:	Well Identification Program Oregon Water Resources Departmen	t
Sent 11-5-01	158 12th Street NE Salem, OR 97301-4172	