



WELL ID # L **None**

START CARD # **W1015916**

(1) OWNER: Well Number: **01**
 Name **City of Sherwood**
 Address **22560 SW Pine Street**
 City **Sherwood** State **OR** Zip **97140**

(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 **0** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	To	Material	From	To	sacks or pounds
10		Formation caved	67	28	
		Cement w/5%	28		
		Bentonite	7	16 Sacks	
		Gravel	7	0	0.25 cu yds

How was seal placed: Method A B C D E
 Other **Pumped at 28'**
 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: Removed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: Removed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) **N/A**

(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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
N/A			

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 **Washington** Latitude _____ Longitude _____
 Township **2SOUTH** N or S. Range **1WEST** E or W. of WM.
 Section **32DB** **SE** 1/4 **NW** 1/4
 Tax lot **07700** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Nearest 22832 SW Washington Street, Sherwood, OR**

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date **2/17/2012**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **N/A**

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Abandonment Only.			
Removed 67' of 10" casing.			

SKYLES DRILLING, INC.
503-656-2683

RECEIVED
MAR 15 2012
WATER RESOURCES DEPT
SALEM, OREGON

Date started **2/17/2012** Completed **2/24/2012**

(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 **1884**
 Date **2/29/2012**
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 **1592**
 Date **2/29/2012**
Skyles Drilling, Inc.