

Application for Permit Amendment

Part 1 of 4 – Minimum Requirements Checklist



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

This permit amendment application will be returned if Parts 1 through 4 and all required attachments are not completed and included.

For questions, please call (503) 986-0900, and ask for Transfer Section.

Received

SEP 12 2025

OWRD

Check all items included with this application. (N/A = Not Applicable)

- ☒ Part 1 – Completed Minimum Requirements Checklist.
- ☒ Part 2 – Completed Application Map Checklist.
- ☒ Part 3 – Completed Applicant Information and Signature.
- ☒ Part 4 – Information about Permits to be Amended: **Number of permits to be amended: 1**
List the Permits here: Permit G-15460
Please include a separate Part 4 for each permit. (See instructions on page 6)
- ☒ **Application Fee** - payable by check to the Oregon Water Resources Department, the online fee calculator is located: **\$8,910.00**
https://apps.wrd.state.or.us/apps/wr/wr_transfer_calculator/permit_amendment.aspx
- Attachments:**
- ☒ Completed Permit Amendment Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- ☐ ☒ N/A Request for Assignment Form and statutory fee. The request for assignment form has to be completed if the applicant is **not** the permit holder of record and needs to be assigned to the permit; **or** the landowner of the proposed place of use is **not** the permit holder of record and needs to be assigned to the permit (the Request for Assignment Form is available online at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>). Assignment is not needed if the applicant is the permit holder of record.
- ☐ ☒ N/A Affidavit(s) of Consent are required from all permit holder(s) of record if the permit is not assigned to the applicant **or** other permit holders of record that are not listed as applicants.
- ☒ ☐ N/A Oregon Water Resources Department's Land Use Information Form with approval and signature from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- ☒ ☐ N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.
- ☐ ☒ N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500 feet from the surface water source and more than 1000 feet upstream or downstream from the point of diversion. (ORS 540.531(2) or (3)).

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

___ Application fee not enclosed/insufficient ___ Map not included or incomplete

___ Land Use Form not enclosed or incomplete

___ Additional signature(s) required ___ Part ___ is incomplete

Other/Explanation _____

Staff: _____ 503- _____ Date: ____/____/____

OWRD

Your permit amendment application **will be returned** if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

- ☐ ☒ N/A If **more than three** permits are involved, separate maps for each permit.
- ☒ Permanent quality printed with dark ink on good quality paper.
- ☒ The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- ☒ A north arrow, a legend, and scale.
- ☒ The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- ☒ Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- ☒ Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- ☒ Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- ☒ Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- ☒ Existing place of use that includes separate hachuring for each water use permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the permit is being changed, a separate hachuring is needed for the portion of the permit left unchanged.
- ☐ ☒ N/A If you are proposing a change in place of use, show the proposed place of use with hachuring that includes separate hachuring for each permit, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- ☒ Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water use permit.
- ☒ ☐ N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).



Part 3 of 4 – Applicant Information and Signature

Applicant A. Information

APPLICANT/BUSINESS NAME Emmert Folsom West		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 11811 SE Hwy 212		FAX NO.	
CITY Clackamas	STATE OR	ZIP 97015	E-MAIL twemmert@emmertintl.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Applicant B. Information

APPLICANT/BUSINESS NAME Emmert Folsom East		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 11811 SE Hwy 212		FAX NO.	
CITY Clackamas	STATE OR	ZIP 97015	E-MAIL twemmert@emmertintl.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Applicant C. Information

APPLICANT/BUSINESS NAME Phyllis Brinkley		PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS 26609 SE Hereford Lane		FAX NO.	
CITY Eagle Creek	STATE OR	ZIP 97023	E-MAIL
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Applicant D. Information

APPLICANT/BUSINESS NAME Jennifer and Komsart Rattanapaibooncharoen (correct spelling)		PHONE NO. 503-799-7668	ADDITIONAL CONTACT NO.
ADDRESS 3331 SW Redfern Place		FAX NO.	
CITY Gresham	STATE OR	ZIP 97008	E-MAIL Jennifer.Rattana@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME Doann Hamilton / Pacific Hydro-Geology, Inc.		PHONE NO. (503) 632-5016	ADDITIONAL CONTACT NO. (503) 349-6946 (Cell)
ADDRESS 18487 S. Valley Vista Road		FAX NO. (503) 632-5983	
CITY Mulino	STATE OR	ZIP 97042	E-MAIL phgdmh@gmail.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this permit amendment; and why:
We need to update the wells needed to irrigate the different portions of Permit G-15460.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

☐ Check box if project is fully or partially funded by the American Recovery & Reinvestment Act. (Federal stimulus dollars)

Is the applicant the permit holder of record? ☒ Yes ☐ No - If NO, include either:

- ☐ A completed assignment form (with required statutory assignment fee), assigning all or a portion of the permit to the applicant(s), OR
- ☐ An affidavit of consent from the permit holder(s) of record that gives permission for the applicant to amend the permit.

Has the Completion ("C") Date of the permit(s) in this application expired? ☐ Yes ☒ No

If YES, this application will not be accepted by the Department.

If NO, what are the completion dates of the permit(s)? October 1, 2026

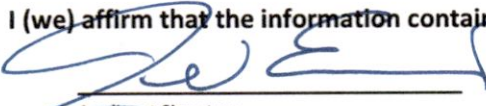

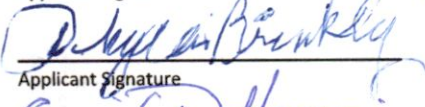
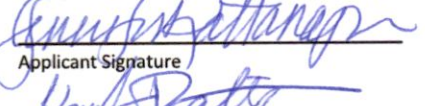
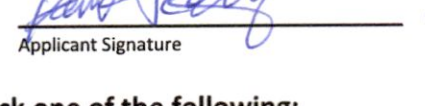
- If the permit completion date expires while the Permit Amendment Application is pending, the Department will not approve the Permit Amendment Application until an Extension of Time Application is approved for the permit.
- You may consider using the Reimbursement Authority process to expedite the processing of this Permit Amendment Application if the completion date of the permit expires within 6 months of the date of filing this application.

By my signature below, I confirm that I understand:

- Prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: Wilsonville Spokesman

I (we) affirm that the information contained in this application is true and accurate.

→

 Applicant Signature	<u>Terry W Emmert</u> Print Name (and Title if applicable)	<u>8/29/25</u> Date
 Applicant Signature	<u>Terry W Emmert</u> Print Name (and Title if applicable)	<u>8/29/25</u> Date
 Applicant Signature	<u>Phyllis Brinkley</u> Print Name (and Title if applicable)	<u>8/29/25</u> Date
 Applicant Signature	<u>Jennifer Rattanapiboonchamon</u> Print Name (and Title if applicable)	<u>8/29/25</u> Date
 Applicant Signature	<u>Kam Sarat Rattanapiboonchamon</u> Print Name (and Title if applicable)	<u>8/29/25</u> Date

Check one of the following:

- ☒ The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- ☐ The permit holder(s) of record will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to the permit holder(s) of record.

Check the appropriate box, if applicable:

- ☐ Check here if any of the permits proposed for amendment are or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME NA	ADDRESS	
CITY	STATE	ZIP Received

☐ Check here if water for any of the permits supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME NA	ADDRESS	
CITY	STATE	ZIP

To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Clackamas Co. Department of Transportation and Development, Planning Division	ADDRESS 150 Beavercreek Road	
CITY Oregon City	STATE Oregon	ZIP 97045

Received
SEP 12 2025
OWRD

Part 4 of 4 – Water Use Permit Information

Please use a separate Part 4 for each permit being changed. See instructions on page 6, to copy and paste additional Part 4s, or to add additional rows to tables within the form.

PERMIT # G-15460

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified in the permit, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized by the permit or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CLAC 19441, 57291	3	S	4	E	7	NW	NE	DLC 43	2,090 feet north and 1,010 feet west from the SW corner, DLC 44.
Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	4	E	6	SE	SE	DLC 44	3,700 feet north and 450 feet west from the SW corner, DLC 44.
Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	4	E	8	SW	NW	DLC 44	1,685 feet north and 1,355 feet east from the SE corner, DLC 43.
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	4	E	6	SW	SE	DLC 43	3,580 feet north and 1,940 feet west from the SE corner, DLC 43.
Well 5	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	4	E	7	NW	NE	DLC 43	2,090 feet north and 1,500 feet west from the SE corner, DLC 43.
Gentry Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	CLAC 59817	3	S	4	E	6	SE	SE	DLC 44	3,620 feet north and 550 feet west from the SW corner, DLC 44.
Gentry Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	4	E	8	NW	NW	DLC 44	2,210 feet north and 1,040 feet east from the SW corner, DLC 44.
Gentry Well 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	NA	3	S	4	E	7	NE	NE	DLC 44	2,220 feet north and 240 feet west from the SW corner, DLC 44.
Well 6	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 59769	3	S	4	E	6	SE	SE	DLC 44	3,475 feet north and 335 feet west from the SW corner, DLC 44.
Well 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 15800	3	S	4	E	5	SW	SW	DLC 44	3,525 feet north and 715 feet east from the SW corner, DLC 44.
Well 8	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	CLAC 51060	3	S	4	E	7	NE	NE	DLC 44	2,300 feet north and 220 feet east from the SW corner, DLC 44.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Surface water POD to Ground Water POA (SW/GW) |

Will all of the proposed changes affect the entire water use permit?

- ☒ Yes Complete only the proposed ("to" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- ☐ No Complete all of Table 2 to describe the portion of the permit to be changed.

For a change in place of use: NA

Does the permit holder of record own or control the land TO which the place of use is being moved? ☐ Yes ☐ No

If NO, the landowner of the land TO which the place of use is being **moved must be assigned to the permit as a permit holder of record** by submitting a completed Request for Assignment form and the required statutory fee for an assignment.

Is the proposed place of use contiguous to the authorized place of use? ☐ Yes ☐ No

The permitted place of use can be moved only to lands that are contiguous to the authorized place of use **unless** the change to non-contiguous lands is in furtherance of mitigation or conservation efforts undertaken for the purposes of benefiting a species listed as sensitive, threatened, or endangered under ORS 496.171 to 496.192 or the federal Endangered Species Act of 1973 (16 U.S.C. 1531 to 1544), as determined by the listing agency. Contiguous land being either adjacent land or land separated from the land to which a permit is authorized by roads, utility corridors, irrigation ditches or publicly owned rights of way.

Received
SEP 12 2025
OWRD

Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer

Table 2. Description of Changes to Water Use Permit # G-15460

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the “from” or “off” lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see “CODES” from previous page)	PROPOSED (the “to” or “on” lands) The listing as it would appear AFTER PROPOSED CHANGES are made.												
Twp	Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date		
3	S	4	E	6	SW	SE	303	DLC 43	5.17	Wells 1,2,3	6-8-2001	POA, APOA	3	S	4	E	6	SW	SE	303	DLC 43	5.17	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	6	SW	SE	1401	DLC 44	4.08	Gentry Wells 1,2,3	6-8-2001	APOA	3	S	4	E	6	SW	SE	1401	DLC 44	4.08	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	6	SE	SE	1401	DLC 44	4.00	Gentry Wells 1,2,3	6-8-2001	APOA	3	S	4	E	6	SE	SE	1401	DLC 44	4.00	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	7	NE	NE	1400	DLC 44	0.73	Wells 1,2,3	6-8-2001	POA, APOA	3	S	4	E	7	NE	NE	1400	DLC 44	0.73	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	7	NE	NE	1401, 1502	DLC 44	24.32	Gentry Wells 1,2,3	6-8-2001	APOA	3	S	4	E	7	NE	NE	1401, 1502	DLC 44	24.32	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	7	NE	NE	302	DLC 43	0.2	Wells 1,2,3	6-8-2001	POA, APOA	3	S	4	E	7	NE	NE	302	DLC 43	0.2	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	7	NW	NE	302, 311	DLC 43	6.92	Wells 1,2,3	6-8-2001	POA, APOA	3	S	4	E	7	NW	NE	302, 311	DLC 43	6.92	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	7	NW	NE	303	DLC 43	9.00	Wells 1,2,3	6-8-2001	POA, APOA	3	S	4	E	7	NW	NE	303	DLC 43	9.00	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	7	NW	NE	1200	DLC 43	1.64	Wells 4, 5	6-8-2001	APOA	3	S	4	E	7	NW	NE	1200	DLC 43	1.64	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001
3	S	4	E	7	NW	NE	1401	DLC 44	3.69	Gentry Wells 1,2,3	6-8-2001	APOA	3	S	4	E	7	NW	NE	1401	DLC 44	3.69	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001

Received

SEP 12 2025

OWRD

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.													
Twp	Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng		Sec	¼ ¼		Tax Lot	Gvt Lot or DLC	Acres (if applicable)	POD(s) or POA(s) to be used (from Table 1)	Priority Date			
3	S	4	E	7	NW	NE	1400	DLC 44	1.0	Wells 1,2,3	6-8-2001	POA, APOA	3	S	4	E	7	NW	NE	1400	DLC 44	1.0	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	7	SW	NE	302	DLC 43	1.33	Wells 1,2,3	6-8-2001	POA, APOA	3	S	4	E	7	SW	NE	302	DLC 43	1.33	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	7	SW	NE	1200	DLC 43	32.17	Wells 4, 5	6-8-2001	APOA	3	S	4	E	7	SE	NE	1200	DLC 43	32.17	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	7	SE	NE	1502	DLC 44	11.61	Gentry Wells 1,2,3	6-8-2001	APOA	3	S	4	E	8	SE	NE	1502	DLC 44	11.61	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	7	SE	NE	1200	DLC 43	5.39	Wells 4, 5	6-8-2001	APOA	3	S	4	E	8	SE	NE	1200	DLC 43	5.39	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	7	SE	NW	1200	DLC 43	0.4	Wells 4, 5	6-8-2001	APOA	3	S	4	E	7	SE	NW	1200	DLC 43	0.4	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	7	NW	SE	1200	DLC 43	0.4	Wells 4, 5	6-8-2001	APOA	3	S	4	E	7	NW	SE	1200	DLC 43	0.4	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	8	NW	NW	1502	DLC 44	5.25	Gentry Wells 1,2,3	6-8-2001	APOA	3	S	4	E	8	NW	NW	1502	DLC 44	5.25	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
3	S	4	E	8	SW	NW	1502	DLC 44	7.50	Gentry Wells 1,2,3	6-8-2001	APOA	3	S	4	E	8	SW	NW	1502	DLC 44	7.50	Wells 1, 3-8 Gentry Wells 1-3	6-8-2001	
TOTAL ACRES									124.8				TOTAL ACRES									124.8			

Additional remarks: POA: Well 2 is being replaced by Well 6.

Received

SEP 12 2025

OWRD

TACS

Are there other water rights certificates, water use permits or ground water registrations associated with the "from" or "to" lands? ☐ Yes ☒ No

If YES, list the other certificate, permit, or ground water registration numbers: NA

If the permit(s) are for irrigation or supplemental irrigation use, other water rights existing on the same land for irrigation that are subject to transfer must either change concurrently or be cancelled. Any change to a water right certificate or ground water registration must be filed separately in a water right transfer application or ground water registration modification application, respectively.

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

- ☒ Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department's web page at: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx)

AND/OR

- ☒ Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Received
SEP 12 2025
OWRD

Table 3. Construction of Point(s) of Appropriation

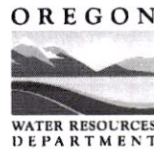
Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L- _____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). <u>If</u> less than full rate of water right
Well 1	Yes	CLAC 19441, 57291	See Well logs CLAC 19441, 57291							ALL WELLS TOGETHER NOT LESS THAN FULL RATE OF PERMIT
Well 2	No	NA	PER ORIGINAL WATER RIGHT APPLICATION							
Well 3	No	NA	PER ORIGINAL WATER RIGHT APPLICATION							
Well 4	No	NA	PER T-9594 APPLICATION							
Well 5	No	NA	PER T-9594 APPLICATION							
Gentry Well 1	Yes	CLAC 59817	See Well log CLAC 19441, 57291							
Gentry Well 2	No	NA	PER T-10322 APPLICATION							
Gentry Well 3	No	NA	PER T-10322 APPLICATION							
Proposed Well 6	Yes	CLAC 59769	See Well log CLAC 59769							
Proposed Well 7	Yes	CLAC 15800	See Well log CLAC 15800							
Proposed Well 8	Yes	CLAC 51060	See Well log CLAC 51060							

Received
SEP 12 2025
OWRD

Land Use Information Form

OWRD



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

NOTE TO APPLICANTS

In order for your application to be processed by the Oregon Water Resources Department (OWRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be diverted, conveyed, used, and developed. The planning official may choose to complete the form while you wait or return the "Receipt Acknowledging Request for Land Use Information" to you. Applications received by OWRD without the Land Use Information Form, or the signed receipt, will be returned to you. **IMPORTANT:** Please note that while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for OWRD's acceptance of all other applications. Please be aware that your application cannot be approved without land use approval.

This form is **NOT** required if:

- 1) Water is to be diverted, conveyed, and used on federal lands only; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and all of the following apply:
 - a. The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b. The application involves a change in place of use only;
 - c. The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
 - d. The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for a new water right or modifying an existing water right. The Oregon Water Resources Department (OWRD) requires applicants to obtain land use information to ensure the water right does not result in land uses that are incompatible with your comprehensive plan. Please complete the form and return it to the applicant for inclusion in their application. **NOTE:** For new water right applications only, if you are unable to complete this form while the applicant waits, you may complete the "Receipt Acknowledging Request for Land Use Information" and return it to the applicant.

You will receive notice via OWRD's weekly Public Notice once the applicant formally submits their request to OWRD. The notice will give more information about OWRD's water right process and provide additional comment opportunities. If you previously only completed the receipt for an application for a new permit to use or store water, you will have 30 days from the Public Notice date to complete the Land Use Information Form and return it to OWRD. Your attention to this request for information is greatly appreciated. If you have questions concerning this form, please contact OWRD's Customer Service Group at 503-986-0900 or WRD_DL_customerservice@water.oregon.gov.

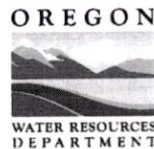
This page intentionally left blank.

Received
SEP 12 2025
OWRD

Received
SEP 12 2025

Land Use Information Form

OWRD



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

NAME Emmert Folsom East and West			PHONE	
MAILING ADDRESS 11811 SE Hwy 212				
CITY Clackamas	STATE OR	ZIP 97015	EMAIL twemmert@emmertintl.com	

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts, may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
3S	4E	7		302	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursey
3S	4E	7		303	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursery
3S	4E	7		311	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursey
3S	4E	7		1200	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursey
3S	4E	8		1302	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input type="checkbox"/> Used	Nursey
3S	4E	8		1400	EFU	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursey
3S	4E	8		1401	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursery
3S	4E	8		1502	EFU	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Nursery

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Clackamas County

NOTE: A separate Land Use Information Form must be completed and submitted for each county and city, as applicable.

B. Description of Proposed Use

Type of application to be filed with the Oregon Water Resources Department:

- ☐ Permit to Use or Store Water ☐ Water Right Transfer ☒ Permit Amendment or Ground Water Registration Modification
☐ Limited Water Use License ☐ Exchange of Water ☐ Allocation of Conserved Water

Source of water: ☐ Reservoir/Pond ☒ Ground Water ☐ Surface Water (name) _____

Estimated quantity of water needed: 3.12 ☒ cubic feet per second ☐ gallons per minute ☐ acre-feet

Intended use of water: ☐ Irrigation ☐ Commercial ☐ Industrial ☐ Domestic for _____ household(s)
 ☐ Municipal ☐ Quasi-Municipal ☐ Instream ☒ Other Nursery

Briefly describe:

This Land Use Information Form is to accompany a permit amendment application that proposes to add and change points of appropriation (wells) for existing water right Permit G-15460.

Note to applicant: For new water right applications only, if the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt on the bottom of page 4 and include it with the application filed with the Oregon Water Resources Department.

See Page 4 ➔

Received
SEP 12 2025
OWRD

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information


- ☒ Land uses to be served by the proposed water use(s), including proposed construction, are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): ZDO 401 FARM USES
- ☐ Land uses to be served by the proposed water use(s), including proposed construction, involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being Pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land use concerns or make recommendations to the Oregon Water Resources Department regarding this proposed use of water in the box below or on a separate sheet.

ZDO 401 Farm use as defined in Oregon Revised Statutes (ORS) 215.203.

Name: Roman Sierra Title: Planner

Signature:  Date: 9/8/2025

Governmental Entity: Clackamas County Phone: 503-742-4500

Receipt Acknowledging Request for Land Use Information

Note to Local Government Representative:

Please complete this form and return it to the applicant. **For new water right applications only**, if you are unable to complete this form while the applicant waits, you may complete this receipt and return it to the applicant. If you sign the receipt, you will have 30 days from the date of OWRD's Public Notice of the application to submit the completed Land Use Information Form to Oregon Water Resources Department. Please note while OWRD can accept a signed receipt as part of intake for an application for a new permit to use or store water, a completed Land Use Information Form is required for all other applications.

Applicant Name: _____

Staff Name: _____ Title: _____

Staff Signature: _____ Date: _____

Governmental Entity: _____ Phone: _____

Received
SEP 12 2025

OWRD

Table 401-1: Permitted Uses in the EFU District

HV	LV	Farm and Forest Uses	Subject To
A	A	Propagation or harvesting of a forest product.	
A	A	Farm use as defined in Oregon Revised Statutes (ORS) 215.203. Marijuana production is subject to Section 841.	
A	A	Other buildings customarily provided in conjunction with farm use.	
TYPE II	TYPE II	A facility for the processing of farm products. Marijuana processing is subject to Section 841. ¹	401.05(B)(1) & (2)
C	C	A facility for the primary processing of forest products.	401.05(B)(3)
HV	LV	Natural Resource Uses	Subject To
A	A	Creation of, restoration of, or enhancement of wetlands.	
TYPE II	TYPE II	The propagation, cultivation, maintenance, and harvesting of aquatic species that are not under the jurisdiction of the Oregon Fish and Wildlife Commission.	401.05(A)(1)
HV	LV	Residential Uses	Subject To
A	A	Uses and structures customarily accessory and incidental to a dwelling, only if a lawfully established dwelling exists.	
A, TYPE II ²	A, TYPE II ²	Alteration, restoration, or replacement of a lawfully established dwelling.	401.05(A)(3) & (C)(1)
TYPE II	TYPE II	Replacement dwelling to be used in conjunction with farm use if the existing dwelling has been listed in a County inventory as historic property and listed on the National Register of Historic Places. ³	401.05(A)(3)
N	TYPE II	Lot of record dwelling on Low Value Farmland.	401.05(A)(2), (3), (4) & (C)(2)
TYPE II	N	Lot of record dwelling on Class III or IV High Value Farmland.	401.05(A)(2), (3), (4) & (C)(3)
TYPE III	N	Lot of record dwelling on Class I or II High Value Farmland.	401.05(A)(2), (3), (4) & (C)(4)
TYPE II	N	Dwelling customarily provided in conjunction with a farm use on High Value Farmland. ³	401.05(A)(3) & (C)(5)
N	TYPE II	Dwelling customarily provided in conjunction with a farm use on Low Value Farmland. ³	401.05(A)(3) & (C)(6)
TYPE II	TYPE II	Dwelling customarily provided in conjunction with a commercial dairy farm.	401.05(A)(3) & (C)(7)
N	TYPE II	160 acre test for a dwelling. ³	401.05(A)(3), (4) & (C)(8)
N	TYPE II	Capability test for a dwelling. ³	401.05(A)(3), (4) & (C)(9)
TYPE II	TYPE II	A single-family dwelling not provided in conjunction with farm use; a nonfarm dwelling.	401.05(A)(3), (4) & (C)(10)

CLACKAMAS 59817
Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Medalla, OR 97038

AMENDED 4-27-07

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL ID. # L 66761
START CARD # 161162

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

(1) LAND OWNER Well Number #2
Name LEO GENTRY WHOLESALE NURSERY INC.
Address PO BOX 645
City GRESHAM State OR Zip 97030

(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 1172'
Explosives used ☐ Yes ☒ No Type Amount

HOLE SEAL
Diameter From To Material From To Sacks or pounds
16" 0 382 Cement 0 382 151 sacks
12" 382 847 Cement 750 847 45 sacks
8" 847 1535 Cement 1172 1535 112 sacks
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: 12" +1 382 .250 ☒ ☐ ☒ ☐
8" +1.5 847 .250 ☒ ☐ ☒ ☐
Liner: NONE ☐ ☐ ☐ ☐
Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 12" @ 382' 8" @ 847'

(7) PERFORATIONS/SCREENS:
☒ Perforations Method HOLTE AIR PERF.
☐ Screens Type Material
From To Slot size Number Diameter Tele/pipe size Casing Liner
700 725 1/4x3 960 ☒ ☐
☐ ☐
☐ ☐
☐ ☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
150 550' 4-hr.
125 510' 7-hr.

Temperature of water 68° Depth Artesian Flow Found
Was a water analysis done? ☐ Yes ☒ No
Did any water contain water not suitable for intended use? ☐ Too little
Odor ☐ Colored ☐ Other
Depth of strata:
FEB 18 2004

(9) LOCATION OF WELL by legal description:

County CLACKAMAS Latitude Longitude
Township 3S N or S Range 4E E or W. WM.
Section 6 SE 1/4 SE 1/4
Tax Lot 1400 Lot Block Subdivision
Street Address of Well (or nearest address) 29880 SE FOLSOM RD.
EAGLE CREEK, OR 97022

(10) STATIC WATER LEVEL:
145 ft. below land surface. Date 1-20-04
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
0'	382'	DRILLED W/ MUD	
710'	725'	50-60 GPM	145'
895'	900'		145'
950'	960'	100 GPM approx	145'
1240'	1420'	<10 GPM	187'

(12) WELL LOG:

Material	From	To	SWL
cobbles & gravel large	0	35	
cemented gravel	35	40	
cobbles & gravel	40	55	
clay brown w/ gravel	55	65	
clay grey w/ gravel	65	80	
clay blue med	80	112	
clay grey	112	138	
clay green	138	195	
clay grey & green	195	220	
packed sand	220	230	
clay grey	230	242	
pumice & sand	242	247	
clay green sticky	247	280	
clay grey & grn sticky	280	318	
clay white & grn soft	318	330	
claystone green	330	343	
lava lavender	343	354	
lava grey hard	354	365	

continued on page 2
Date started 11-21-03 Completed 1-20-04

(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 1358
Date 1-27-04

(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 [Signature] WWC Number 688
Date 1-27-04

ORIGINAL - WATER RESOURCES DEPT
SALEM, OREGON

FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

RECEIVED

APR 30 2007

WATER RESOURCES DEPT
SALEM, OREGON

Received
SEP 12 2025
OWRD

14729 -

36728 S. Kropf Rd.
Molalla, OR 97038WELL I.D. # L 66761
START CARD # 161162

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(1) LAND OWNER Well Number #2
Name LEO GENTRY WHOLESALE NURSERY INC.
Address PO BOX 645
City GRESHAM State OR Zip 97030

(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 1172 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	382	Cement	0	382	151 sacks
12"	382	847	Cement	750	847	45 sacks
8"	847	1535	Cement	1172	1535	112 sacks

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E
☐ OtherBackfill 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:	12"	+1	382	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	+1.5	847	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input 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) 12" @ 382' 8" @ 847'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method HOLTE AIR PERF.☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
700	725	1/4x3	960			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
150	550'		4-hr.
125	510'		7-hr.

Temperature of water 68° Depth Artesian Flow Found

Was a water analysis done? ☐ Yes ☒ NoDid any strata contain water not suitable for intended use? ☐ Too littleSandy ☐ Silty ☐ Odor ☐ Colored ☐ Other

Depth of strata:

FEB 18 2004

WATER RESOURCES DEPT

ORIGINAL - WATER RESOURCES DEPT
SALEM, OREGON

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

(9) LOCATION OF WELL by legal description:

County CLACKAMAS Latitude Longitude
Township 3S N or S Range 4E E or W. WM.
Section 6 NW 1/4 NE 1/4
Tax Lot 1400 Lot Block Subdivision
Street Address of Well (or nearest address) 29880 SE FOLSOM RD.
EAGLE CREEK, OR 97022

(10) STATIC WATER LEVEL:

145 ft. below land surface. Date 1-20-04
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
0'	382'	DRILLED W/ MUD	
710'	725'	50-60 GPM	145'
895'	900'		145'
950'	960'	100 GPM approx	145'
1240'	1420'	<10 GPM	187'

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
cobbles & gravel large	0	35	
cemented gravel	35	40	
cobbles & gravel	40	55	
clay brown w/ gravel	55	65	
clay grey w/ gravel	65	80	
clay blue med	80	112	
clay grey	112	138	
clay green	138	195	
clay grey & green	195	220	
packed sand	220	230	
clay grey	230	242	
pumice & sand	242	247	
clay green sticky	247	280	
clay grey & grn sticky	280	318	
clay white & grn soft	318	330	
claystone green	330	343	
lava lavender	343	354	
lava grey hard	354	365	
continued on page 2			

Date started 11-21-03 Completed 1-20-04

(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 1358 Date 1-27-04

(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 *[Signature]* WWC Number 688 Date 1-27-04Received
SEP 12 2025

OWRD

14729 -



36728 S. Kropf Rd., Molalla, OR 97038 • Phone: (503) 829-2526 FAX (503) 829-7514

Page 2

WELL ID# L 66761

OWNER: LEO GENTRY WHOLESALE NURSERY INC.

ADDRESS: PO BOX 645

CITY/STATE/ZIP: GRESHAM, OR 97030

WELL ADDRESS: 29880 SE FOLSOM RD. EAGLE CREEK, OR 97022

COUNTY CLACKAMAS TOWNSHIP 3S RANGE 4E

SECTION 6 NW 1/4 NE 1/4 TAX LOT 1400

MATERIAL	FROM	TO	SWL
lava grey & lavender	365	400	
lava multi-colors	400		
grey w/ brown & red		455	
lava w/ white pumice	455	480	
lava harder	480	500	
lava mostly brown & grey	500	630	
lava more grey w/ brown	630	645	
lava harder	645	665	
lava brown	665	675	
lava grey & brown	675	710	
lava softer & fractured	710		
brown & grey		725	
clay grey w/ wood	725	735	
clay blue	735	743	
claystone brown	743	750	
claystone blue	750	815	
basalt dark grey w/ green	815		
interbeds		830	
basalt grey hard	830	865	
basalt weathered softer	865		
multi-color		880	
basalt grey harder w/ green	880		
fractures		900	
basalt grey hard	900	945	
basalt fractured & porous	945	960	
basalt grey harder	960	1023	
basalt grey med w/ green	1023	1034	
basalt grey hard	1034	1065	
basalt grey w/ green porous	1065	1085	
basalt grey w/ green hard	1085	1125	
basalt harder	1125	1139	
basalt grey w/ green porous	1139	1148	
basalt grey hard	1148	1167	
continued on page 3			

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038

RECEIVED

FEB 06 2004

WATER RESOURCES DEPT
SALEM OREGON

Received
SEP 12 2025
OWRD

Page 3

CITY/STATE/ZIP: GRESHAM, OR 97030

SECTION 6 NW 1/4 NE 1/4 TAX LOT 1400

RECEIVED

FEB 06 2004

WATER RESOURCES DEPT
SALEM OREGON

Received

SEP 12 2025

OWRD

(START CARD) # 68054

(1) OWNER:

Name Duncon Brinkley
Address 26555 SE Herford Lane
City Eagle Creek State OR. Zip 97022

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 440 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10	0	20	bentnite	0	20	20
6	20	440				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured from top

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:	6	+2	300	$\frac{1}{2}$	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 300

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/plp size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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	200	440	1 hr.

Temperature of Water 57 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 Clack. Latitude _____ Longitude _____
Township 3 N. or S. Range 4 E. or W. WM.
Section 7 NW $\frac{1}{4}$ NE $\frac{1}{4}$
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as above

(10) STATIC WATER LEVEL:

193 ft. below land surface. Date 7/27/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 380

From	To	Estimated Flow Rate	SWL
380	440	40	193

(12) WELL LOG:

Ground elevation _____

[illegible]

Date started 7/26/94 Completed 7/27/94

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Charles S. [Signature] WWC Number 1622
Date 8/4/94

(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 well construction standards. This report is true to the best of my knowledge and belief.

UTWC Number 663

is true to the best of my knowledge and belief.

Signed John C. Ehl WWC Number 663
Date 8/4/94

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL ID # 46724

(START CARD) # 141488

(1) OWNER: Well Number: 742
 Name **Duncon Brinkley**
 Address **26555 SE Herford RD**
 City **Eagle Creek** State **OR** Zip **97022**

(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 **560** ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
6	440	560				

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:	4	-5	560 1/4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
500	560	1/4 5		4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
50 _____ **1 hr.**

Temperature of Water **57** 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 **Clackamas** Latitude _____ Longitude _____
 Township **3-S** N or S. Range **4-E** E or W. of WM.
 Section **7** NW 1/4 NE 1/4
 Tax Lot **0302** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **26555 SE Herford RD**

(10) STATIC WATER LEVEL:
193 ft. below land surface. Date **8/20/01**
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
500	560	50	193

(12) WELL LOG:

Material	From	To	SWL
Sand Gravel cemented gray	440	500	
Sand cemented gray	500	560	195

Ground elevation _____

Received
SEP 12 2025

OWRD RECEIVED
SEP 19 2001

WATER RESOURCES DEPT.
SALEM, OREGON

AMERICAN WELL DRILLING

Date started **8/13/01** Completed **8/20/01**

(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 my best knowledge and belief.

WWC Number _____
 Signed _____ Date _____

(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.

WWC Number **663**
 Signed *Bob C. Clark* Date **9/19/01**

STATE OF OREGON
WATER SUPPLY WELL REPORT

CLAC 57291

WELL ID #

(START CARD) # 141488

(as required by ORS 537.765)

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

(1) OWNER: Well Number: 742
Name Duncon Brinkley
Address 26555 SE Herford RD
City Eagle Creek State OR Zip 97022

(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 560 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
6	440	560				

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:	4	-5	560 1/4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw
☐ Screens Type Material
Slot size 1/4 5 Number 4 Diameter 4
From 500 To 560
Casing ☐ Liner ☒

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem at Time
50 1 hr.

Temperature of Water 57 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 Clackamas Latitude Longitude
Township 3-S N or S. Range 4-E E or W. of WM.
Section 7 NW 1/4 NE 1/4
Tax Lot 0302 Lot Block Subdivision
Street Address of Well (or nearest address)
26555 SE Herford RD

(10) STATIC WATER LEVEL:

193 ft. below land surface. Date 8/20/01
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
500	560	50	193

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Sand Gravel cemented gray	440	500	
Sand cemented gray	500	560	195

Received

SEP 12 2025

OWRD

RECEIVED

SEP 19 2001

WATER RESOURCES DEPT.
SALEM, OREGON

AMERICAN WELL DRILLING

Date started 8/13/01

Completed 8/20/01

(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 my best knowledge and belief.

Signed WWC Number
Date

(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 663
Date 9/19/01

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT

SECOND COPY - CONSTRUCTOR

THIRD COPY - CUSTOMER

14729 -

RECEIVED

DEC 17 2003

STATE OF OREGON

WATER RESOURCES REPORT
as required by ORS 516.005

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

CLAC 59788
Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Medalla, OR 97038

AMENDED 4-27-07

WELL I.D. # L 23860
START CARD # 161148(1) LAND OWNER Well Number 41
Name LEO GENTRY WHOLESALE NURSERY INC.
Address PO BOX 645
City GRESHAM State OR Zip 97030(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 268 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
11"	0	103	Bentonite	0	8	19 sacks	
7.5"	103	195	Cement	8	103	162 sacks	
6"	195	215	Cement	195	215	12 sacks	
6"	215	268	Cement	268	268	155 sacks	

How was seal placed: Method ☐ A ☒ B ☒ C ☐ D ☐ E
☒ Other BENTONITE PLACED DRY
Backfill placed from 103 ft. to 195 ft. Material Cement
Gravel placed from 196 ft. to 268 ft. Size of gravel 8-12 csi(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	216	.250	KK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	196	217	Sch40	XX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4"	258	268	Sch40	XX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 323'-329' cut-off(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☒ Screens Type V-WIRE Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
217	227	.040		4"	PS	<input type="checkbox"/>	<input type="checkbox"/>
227	238	.030		4"	PS	<input type="checkbox"/>	<input type="checkbox"/>
238	258	.040		4"	PS	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min 60 Drawdown 25' Drill stem at _____ Time 4 hr-4 hr.Temperature of water 53° Depth Artesian Flow _____
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 CLACKAMAS Latitude _____ Longitude _____
Township 3S N or S Range 4E E or W. WM.
Section 6 SE 1/4 SE 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29880 SE FOLSOM RD.
EAGLE CREEK, OR 97022(10) STATIC WATER LEVEL:
157 ft. below land surface. Date 11-20-03
Artesian pressure _____ lb. per square inch Date _____(11) WATER BEARING ZONES:
Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
47'	65'	75 GPM	12'
136'	151'	20 GPM	69'
216'	256'	45+GPM	157'
341'	373'	35 GPM	143'
650'	710'	40 GPM	148'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
cobbles/boulders & gravel dirty	0	42	
gravel cemented slightly	42	47	
gravel & cobbles coarse	47	63	
sand brn silty packed	63	66	
clay grey	66	136	
sand grey grn cemented	136		
some mica		151	
silt grey w/ mica	151	163	
clay grey gritty crumbly	163	178	
silt grey sandy & wood	178	201	
clay grey dense	201	209	
clay grey green hard	209	216	
sand grey coarse gravel	216		
fine silty cemented		224	
pumice & sand cemented	224	237	
clay grey	237	241	
pumice & sand cemented	241		
bronw grey-white		256	cont'd

Date started 10-20-03 Completed 11-19-03 on pg 2(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 1487 Date 12-16-03(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 [Signature] WWC Number 688 Date 12-16-03

WATER RESOURCES DEPT.

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

Received

SEP 12 2025

OWRD

14729-

RECEIVED

DEC 17 2003

STATE OF OREGON

WATER RESOURCES REPORT
(as required by ORS 516.005)CLAC 59769
Westberg Dams, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038WELL I.D. # L 23860
START CARD # 161148

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

(1) LAND OWNER Well Number #1
Name LEO GENTRY WHOLESALE NURSERY INC.
Address PO BOX 645
City GRESHAM State OR Zip 97030(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 268 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
11"	0	103	Bentonite	0	8	19 sacks
7.5"	103	195	Cement	8	103	162 sacks
8.5"	195	215	Cement	195	215	12 sacks
6"	215	980	Cement	268	980	155 sacks

How was seal placed: Method ☐ A ☒ B ☒ C ☐ D ☐ E
☒ Other BENTONITE PLACED DRYBackfill placed from 103 ft. to 195 ft. Material Cement
Gravel placed from 196 ft. to 268 ft. Size of gravel 8-12 csi(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	216	.250	XX	<input type="checkbox"/>	XX	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	196	217	Sch 40	XX	<input type="checkbox"/>	<input type="checkbox"/>	XX
4"	258	268	Sch 40	XX	<input type="checkbox"/>	<input type="checkbox"/>	XX

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 323-329 cut-off(7) PERFORATIONS/SCREENS:
☐ Perforations Method ☐ V-WIRE Material STAINLESS
☒ Screens Type ☐ V-WIRE Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
217	227	.040		4"	PS	<input type="checkbox"/>	<input type="checkbox"/>
227	238	.030		4"	PS	<input type="checkbox"/>	<input type="checkbox"/>
238	258	.040		4"	PS	<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60	25'		4 hr + 1 hr.

Temperature of water 53° 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 CLACKAMAS Latitude Longitude
Township 3S N or S Range 4E E or W. WM.
Section 6 NW 1/4 NE 1/4
Tax Lot 1400 Lot Block Subdivision
Street Address of Well (or nearest address) 29880 SE FOLSOM RD.
EAGLE CREEK, OR 97022

(10) STATIC WATER LEVEL:

157 ft. below land surface. Date 11-20-03
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:

Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
47'	66'	75 GPM	12'
136'	151'	20 GPM	69'
216'	256'	45+GPM	157'
341'	373'	35 GPM	143'
650'	710'	40 GPM	148'

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
cobbles/boulders & gravel dirty	0	42	
gravel cemented slightly	42	47	
gravel & cobbles coarse	47	63	
sand brn silty packed	63	66	
clay grey	66	136	
sand grey grn cemented	136		
some mica		151	
silt grey w/ mica	151	163	
clay grey gritty crumbly	163	178	
silt grey sandy & wood	178	201	
clay grey dense	201	209	
clay grey green hard	209	216	
sand grey coarse gravel	216		
fine silty cemented		224	
pumice & sand cemented	224	237	
clay grey	237	241	
pumice & sand cemented	241		
bronw grey-white		256	cont'd

Date started 10-20-03 Completed 11-19-03 on pg 2

(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 *David A. [Signature]* WWC Number 1487 Date 12-16-03

(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 N. Stadel* WWC Number 688 Date 12-16-03

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

Received

SEP 12 2025

14729 -

OWD



36728 S. Kropf Rd., Molalla, OR 97038 • Phone: (503) 829-2526 FAX (503) 829-7514

Page 2

WELL ID# L 23860

OWNER: LEO GENTRY WHOLESALE NURSERY INC.

ADDRESS: PO BOX 645

CITY/STATE/ZIP: GRESHAM, OR 97030

WELL ADDRESS: 29880 SE FOLSOM RD. EAGLE CREEK, OR 97022

COUNTY CLACKAMAS TOWNSHIP 3S RANGE 4E

SECTION 6 NW 1/4 NE 1/4 TAX LOT 1400

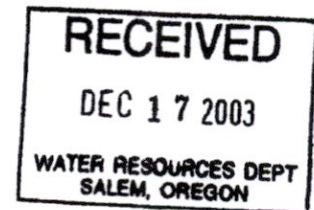
(11) WATER BEARING ZONES CONT'D FROM PREVIOUS PAGE:

FROM	TO	ESTIMATED FLOW RATE	SWL
939'	962'	60+ GPM	149'

(12) WELL LOG INFO. CONT'D FROM PREVIOUS PAGE:

MATERIAL	FROM	TO	SWL
silt brown sandy	256	264	
clay grey stiff	264	273	
clay lavender striped dense	273	279	
clay brown dense	279	283	
clay grey silty	283	286	
clay lavender striped dense	286	288	
clay grey silty	288	294	
clay multi-colored	294	303	
clay tan & grey	303	314	
gravel grey cemented tight	314	318	
pumice grey	318	329	
gravel grey very tight w/ basaltic rubble	329	341	
lava conglomerate	341	373	
lava multi-colored	373	405	
lava blue grey firm	405	415	
lava grey black med to soft	415	490	
lava black grey vesicular soft	490	525	
rock grey med to hard	525	540	
rock gry brn & red med to soft	540	590	
rock grey brown med	590	680	
rock gry black vesicular med	680	710	
rock grey very hard	710	714	
rock brown soft	714	729	

cont'd on page 3



Received
SEP 12 2025
OWRD

Page 3

CITY/STATE/ZIP: GRESHAM, OR 97030

COUNTY CLARK TOWNSHIP CLARK
SECTION 6 NW 1/4 NE 1/4 TAX LOT 1400

[illegible]

MATERIAL	FROM	TO	SWL
mudstone conglomerate grey	729	737	
shale lavender hard	737	749	
siltstone grey hard	749	755	
clay grey gritty	755	762	
clay brown	762	770	
mudstone conglomerate grey	770	773	
clay brown	773	778	
clay grey silty	778	790	
siltstone grey blue clayey	790	812	
sandstone grey med	812	835	
basalt grey hard	835	841	
basalt grey vesicular med	841	846	
basalt grey green hard	846	855	
basalt gry blk soft vesicular	855	867	
basalt grey & black hard	867	939	
basalt black vesicular	939	962	
basalt black med	962	980	

Westerberg Drilling, Inc.
36728 S. Kropf Rd.
Molalla, OR 97038



Received
SEP 12 2025

OWRD

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

CLAC
51060

(START CARD) # LO7711
91878

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

(1) OWNER: Well Number _____
Name Gerald R George
Address 29920 SE Folsom Rd
City Estacada State OR Zip 97123

(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 245 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	64	Cement	175	195	6 sacks
8"	175	195	Cement	175	195	6 sacks
6"	64	175				
6"	175	245				

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: 6"	197	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	153	195	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4"	225	245	160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 197

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
195	225	10		4"	2-10"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Method Johnson
Type PVC
Material PVC

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
20	40'		1 hr.

☐ Pump ☒ Bailer ☐ Air ☐ Flowing
☐ Artesian

Temperature of water 57 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 Clack Latitude _____ Longitude _____
Township 3 N or S Range 4 E or W. WM.
Section 8 1/4 NW 1/4
Tax Lot 1302 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29920 SE Folsom Rd Estacada OR 97123

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 10-15-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 218'

From	To	Estimated Flow Rate	SWL
40	57	Sealed OFF	10
218	223	20 +	132

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay + Boulders	2	40	
Boulders + Gravel	40	57	10
Clay Blue	57	73	
Clay Gray	73	174	
Clay Blue	174	218	
Sand - Black + Red	218	223	132
Clay Gray	223	245	

RECEIVED

OCT 21 1996

WATER RESOURCES DEPT.
SALEM, OREGON

Received

SEP 12 2025

OWRD

Date started 9-13-96 Completed 10-15-96

(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 Thomas Young WWC Number 1512
Date 10-18-96

(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 W. O. Jauregui WWC Number _____
Date 10-18-96