

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

*Clac  
55502*

**AMENDED REPORT #2**

WELL ID # **39702**

(START CARD) # **128877**

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

**(1) OWNER:** Well Number: **642**  
 Name **Leo Gentry Nurser Y**  
 Address **11251 SE 232nd**  
 City **Gresham** State **OR** Zip **97080**

**(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 **600** ft.  
 Explosives used  Yes  No \*Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	100	Bentonite	0	50	35 Sacks
8	100	500				
6	500	600				

How was seal placed: Method  A  B  C  D  E  
 Other **Poured from the 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: 8	+2	500	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(7) PERFORATIONS/SCREENS:**

Perforations Method **Air**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	180	1 1/4	1500	8		<input checked="" 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
100		100	1 hr.

Temperature of Water **54** 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 **2S** N or S. Range **3E** E or W. of WM. \_\_\_\_\_  
 Section **10** **NE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$   
 Tax Lot **0300** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
**HWY 212 & 242**

**(10) STATIC WATER LEVEL:**  
**110** ft. below land surface. Date **2/25/00**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found **60**

From	To	Estimated Flow Rate	SWL
60	160	100	110

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Clay, Brown	0	8	
Clay, Boulders, Gray	8	60	
Boulders, Gray	60	90	110
Gravel & Sand, Brown	90	160	
Sand & Clay, Brown	160	200	
Clay, Blue, Sand & some Wood	200	400	
Clay & Sand, Gray	400	410	
Clay, Green & some Wood	410	485	
Clay, Red	485	580	
Clay, Brown & Gray	580	600	

**RECEIVED**

APR 05 2000

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started **2/17/00** Completed **2/25/00**

**(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 *Rodney C. Egan* WWC Number **663**  
 Date **3/30/00**

*Clare  
55502*

**AMENDED REPORT**

WELL ID # **39702**  
 (START CARD) # **128877**

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**(1) OWNER:** Well Number: **642**  
 Name **Leo Gentry Nursey**  
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**(3) DRILL METHOD:**  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
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**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval  Yes  No Depth of Completed Well **600** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	100	Bentonite	0	50	35 Sacks
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Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method **Air**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
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 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
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Temperature of Water **54** 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 **2S** N or S. Range **3E** E or W. of WM.  
 Section **11** **NW**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$   
 Tax Lot **0300** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **HWY 212 & 242**

**(10) STATIC WATER LEVEL:**  
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MAR 22 2000

WATER RESOURCES DEPT.  
 SALEM, OREGON

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 Signed *Paul C. En* WWC Number **663**  
 Date **3/20/00**  
**AMERICAN WELL DRILLING**

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Signed **Boyd C. Gul** WWC Number **663**  
 Date **3/15/00**