00000 WELL ID# STATE OF OREGON CLAC 55611 WATER SUPPLY WELL REPORT 128885 (START CARD)# (as required by ORS 537.765) instructions for completing this report are on the last page of this form (9) LOCATION OF WELL by legal description: County Clackamas Latitude 650 (1) OWNER: Well Number: Longitude Leo Gentry Nursery Name Township 28 N or S. Range 3E E. or W. of WM. Address 11251 SE 232nd Section 10 NE 14 NE 1/4 State OR Zip 97080 Gresham City Tax Lot 0300 Lot Block Subdivision Street Address of Well (or nearest address) (2) TYPE OF WORK: New Well Deepening Alteration (repair/recondition) (10) STATIC WATER LEVEL: 110 ft. below land surfa (3) DRILL METHOD: _ ft. below land surface. Date 3/22/00 Artesian pressure lb. per square inch. Rotary Mud Cable Auger X Rotary Air Other (11) WATER BEARING ZONES: (4) PROPOSED USE: Depth at which water was first found X Irrigation Domestic Community Community Industrial Livestock Other From Tο **Estimated Flow Rate** SWL Injection Thermal (5) BORE HOLE CONSTRUCTION: Depth of Completed Well 467 ft. Special Construction approval Yes X No Explosives used Yes X No Type Amount Amount SEAL HOLE (12) WELL LOG: sacks or pounds From To Diameter From Ground elevation Material From SWL To Pump in cement through a trimy pipe from the bottom up. Used 467 sacks under pressure How was seal placed: Method A B C D E Other Backfill placed from ft. Material ft. to Gravel placed from Size of gravel ft. to RECEIVED (6) CASING/LINER: Stool Plastic Welded Threaded Diameter From Tο Gauge Casing: MAY 0 1 2000 WATER RESOURCES DEPT. Liner: SALEM, OREGON Final location of shoe(s)

Material Screens Type Slot Tele/pipe From size Number Diameter size Casing Liner 390 1x1/4 2340 12 X 47 430 1x1/4 180 X 400

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

Method Air

(7) PERFORATIONS/SCREENS:

X Perforations

Depth of strata:

			Artesian	
Yield gal/min	Drawdown	Drill stem at	Time	
				_
•		Depth Artesian Flow four By whom	nd	_
	yeis doller 🔝 168 Itain water not suitabl	-	Too little	

unbond	ied) 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.

Date started 3/22/00

WWC Number Date Signed

(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 Date __4/20/00

Completed 3/23/00

Salty Muddy Odor Colored Other