

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

CLAC  
 55698

WELL I.D.# L26727

130230  
 (START CARD) # \_\_\_\_\_

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name Jeddeloh Farms  
 Address 18535 SE Giese Rd  
 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 192 ft.  
 Explosives used  Yes  No. Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	1	50	Bentonite	1	50	29 sacks
8	50	192				

How was seal placed: Method  A  B  C  D  E  
 Other Granular Bentonite method  
 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	0	160	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	152	192	cl160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 160

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
190	173	1/8	44	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>
161	172	.010		6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
55	8		2 hrs

Temperature of water 52 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 5S N or S Range 2E E or W. WM.  
 Section 14 Ne 1/4 Se 1/4  
 Tax Lot 1200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
32940 S. Wright Rd

(10) STATIC WATER LEVEL:  
112 ft. below land surface. Date April 19  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	192		112

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Soil	1	3	
Clay, brown, w/ occasional rocks	3	30	
Cemented boulders, cobbles	30	71	
Clay, reddish brown	71	91	
Cemented gravel	91	117	
Clay, grey	117	134	
Cemented gravel	134	161	
Sand, black, fine	161	162	
Cemented gravel	162	192	

**RECEIVED**

JUN 01 2000

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started Mar 31 Completed April 19, 2000

(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 \_\_\_\_\_ Date \_\_\_\_\_  
 WWC Number \_\_\_\_\_

(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 R Beck Date 27 April  
 WWC Number 743