



State of Oregon
 Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900

Application for Groundwater Registration Modification

Part 1 of 5 – Minimum Requirements Checklist

This Groundwater Registration Modification 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.

Check all 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 – Completed Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, **unless** the Groundwater registrations to be modified are layered).
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner). **(See Attachment 2)**
- Groundwater registration modification fees – Amount enclosed: \$ **1,250**. (\$875.00 for a place of use change only; \$1,250 for any other change or combination).

Attachments:

- N/A Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available at <http://www.oregon.gov/owrd/pubs/docs/forms/assign.pdf>, or http://www.oregon.gov/owrd/pubs/docs/forms/assign_by_proof.pdf. Assignment is not needed for any person or entity who can demonstrate authorization to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) **or** the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.
- N/A Land Use Information Form with approval and signature (or signed land use form receipt stub). Land use form not required if any of the following apply: **(See Attachment 3)**
 - Water is to be diverted, conveyed, and/or used only on federal lands.
 - 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. **(See Attachment 4)**

(For Staff Use Only)

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

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Assignment Form and fee not enclosed/insufficient
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0 _____ Date: / /

Part 2 of 4 – Groundwater Registration Modification Map Checklist

Your Groundwater Registration Modification 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.

- 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 appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes hachuring, 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 registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged.
- N/A If you are proposing a modification in place of use, show the proposed place of use with hachuring including 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 appropriation with distance and bearing or coordinates from a recognized survey corner.
- N/A If you are proposing a modification in point(s) of appropriation, 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 Information

APPLICANT/BUSINESS NAME City of Independence		PHONE NO. 503-838-1212	ADDITIONAL CONTACT NO.
ADDRESS P.O. Box 7		FAX NO.	
CITY Independence	STATE OR	ZIP 97351	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.			

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

APPLICANT/BUSINESS NAME GSI Water Solutions, Inc. Attn: Kimberly Grigsby		PHONE NO. 541-257-9004	ADDITIONAL CONTACT NO.
ADDRESS 1600 SW Western Blvd, Suite 240		FAX NO.	
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL KGrigsby@gsiws.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.			

The City of Independence is seeking to modify its groundwater registration (GR-3183) to reflect the new location of South Well 1 and to add all wells in its South Well Field (South Wells 2, 3, 4, and 5) as authorized points of appropriation, which will increase its operational flexibility for utilizing groundwater under this registration. In addition, the City is seeking to revise the authorized place of use to be "the City of Independence Service Area."

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

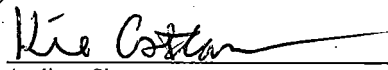
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); **OR**
- I (we) affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the Groundwater registration proposed for modification is appurtenant by condemnation and have attached supporting documentation.

I understand that prior to Department approval of the groundwater registration modification, 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 groundwater registration 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 paper: Independence Community News.

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


Applicant Signature

Kie Cottam, Director of Public Works
Print Name (and Title if applicable)

9/11/18
Date

Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, is located? Yes No N/A – the Applicant is a municipality. *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the Groundwater registration has been conveyed.*

Check the appropriate box, if applicable:

- Check here if the Groundwater registration proposed for modification is or will be located within or served by an irrigation or other water district. N/A

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

- Check here if water for the Groundwater registration is supplied under a water service agreement or other contract with a federal agency or other entity. N/A

ENTITY NAME	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 City of Independence Planning Department	ADDRESS 555 S. Main Street, P.O. Box 7	
CITY Independence	STATE OR	ZIP 97351

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

Part 4 of 4 – Groundwater Registration Information

CERTIFICATE OF REGISTRATION # GR-3183 (CERTIFICATE GR-3141)

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

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

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	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)
South Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	POLK 2970	8	S	4	W	28	NE	SW	3000	Southwest corner well property S 12° 30' West 804.00 ft. from intersection of South line of "I" Street and East line SP RR right of Block 19, Hill's Addition to Hill's Independence
South Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 52347 L-79525	8	S	4	W	28	NE	SW	3000	NE ¼ of SW ¼ of Section 28 of T8S, R4W, WM, 1,140 feet South and 600 feet West from the center quarter corner of Section 28
South Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 52348 L-82051	8	S	4	W	28	NE	SW	3000	NE ¼ of SW ¼ of Section 28 of T8S, R4W, WM, 1,000 feet South and 740 feet West from the center quarter corner of Section 28
South Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 52349 L-82052	8	S	4	W	28	NE	SW	3000	NE ¼ of SW ¼ of Section 28 of T8S, R4W, WM, 760 feet South and 660 feet West from the center quarter corner of Section 28
South Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 406	8	S	4	W	28	NE	SW	3000	NE ¼ of SW ¼ of Section 28 of T8S, R4W, WM, 960 feet South and 620 feet West from the center quarter corner of Section 28
South Well 5	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	POLK 420	8	S	4	W	28	NE	SW	3000	NE ¼ of SW ¼ of Section 28 of T8S, R4W, WM, 820 feet South and 620 feet West from the center quarter corner of Section 28

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input checked="" type="checkbox"/> Point of Appropriation (well) (POA) |
| <input type="checkbox"/> Character of Use (USE) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |

Will all of the proposed changes affect the entire Groundwater registration?

- 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 registration to be changed.

Please use and attach additional pages of Table 2 as needed.
See page 5 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 Modifications to Registration GR-3183 (Certificate # GR-3141)

List only the part of the registration that will be modified. For the acreage in each ¼ ¼, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES List only that part or portion of the groundwater registration 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	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date					
EXAMPLE																											
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901	
"	"	"	"	"	"	"	"	"	"	EXAMPLE	"	"	"	"	"	"	"	"	"	"	"	"	"	"	POD #6	1901	
													POU/POA/ APOA	"City of Independence Service Area"					N/A	N/A	South Wells 1, 2, 3, 4 & 5	8/2/1951					
TOTAL ACRES											TOTAL ACRES										N/A						

Additional remarks: The City is seeking to modify GR-3183 to reflect the new location of South Well 1, and to add South Wells 2, 3, 4 and 5. In addition, the City is requesting that GR-3183 indicate that the authorized place of use is "the City of Independence Service Area."

Groundwater Registration # GR-3183 (Certificate # GR-3141)

For a modification in place of use or character of use:

Are there other water right certificates, water use permits, or Groundwater registrations associated with the “from” or “to” lands? Yes No

If YES, list the other certificate, water use permit, or other Groundwater registration numbers:

N/A – The Applicant is a municipality and the authorized use is municipal supply. The layered water use provisions do not apply to municipal water rights.



Pursuant to OAR 690-382-0200, any “layered” water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a Groundwater registration on the “to” lands must be filed separately with a Groundwater registration modification.

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

- Well log(s) are attached for each well 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/)

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.

Table 3. Construction of Point(s) of Appropriation – N/A well logs are attached (Attachment 4).

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 adequate information is likely to delay the processing of your modification 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). If less than full rate of water right

Attachment 1
GR-3183

Application for a Groundwater Registration Modification – City of Independence

Registration Statement

OF CLAIMANT OF RIGHT TO APPROPRIATE GROUND WATER

TO THE STATE ENGINEER OF OREGON:

I, Pacific Power & Light Company
of Public Service Building, Portland 4, Oregon County of Multnomah
(Mailing address)

State of Oregon, do hereby make application for a certificate of registration as evidence of a right to appropriate ground water.

1. Source from which water is withdrawn is Well field (See attached drwg B-391 & P-156)
(Flowing well, pump well, infiltration trench, or tunnel)

2. Location is: One mile Southwest Independence, Oregon
(Approximate distance and direction from nearest city or town)

and is more particularly described as follows: Southwest corner well property S 12° 31' West 804.00 ft. from intersection of South line of "I" Street and East line SP RR right of way

(a) Block 19, Hill's Addition to Hill's Independence
(Give distance and bearing to corner of section or other legal subdivision)

being within NE 1/4 SW 1 of Sec. 28 Twp. 2 S Rge. 1 W
(Smallest legal subdivision) (N. or S.) (E. or W.)

or (b) within limits of recorded platted property, town or city:

in Lot _____, Block _____ of _____
(Name of plat or addition)

County of Polk
(If within city or town, give name)

3. Construction Work was begun on August 2, 1951; was completed on Sept. 26, 1951
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on September 25, 1951
(Date)

since which time the water has been used Intermittently
(Continuously or Intermittently)

from Sept. 26, 1951 to present date
(Date) (Date)

4. Quantity of water claimed and used is 250 gallons per minute; _____ acre feet per year.

5. Purpose or Purposes for which water is used Municipal supply for City of Independence, Oregon
(Domestic, irrigation, municipal, manufacturing, industrial, etc.)

6. Description of Well: Depth 71' 5" feet. Type Drilled
(Dug or drilled)

diameter 22 inches. Elevation of ground at well site 140 feet, mean sea level
(As near as known)

Depth to water table 55 feet.

7. Capacity of Well: 244 g.p.m. with 8 feet drawdown.

472 g.p.m. with 20 feet drawdown.

Date of test September 30, 1957

If Flowing Well: Measured discharge _____ g.p.m. on _____
(Date)

Shut-in pressure at ground surface _____ lbs. per sq. in. on _____
(Date)

Water is controlled by _____
(Cap, valve, etc.)

8. Casing: (Give diameter, commercial specifications and depth below ground surface of each casing size.)

12 inch diameter from 0 to 71.5 feet
 inch diameter from to feet
 inch diameter from to feet
 inch diameter from to feet

Describe and show depth of shoe, plug, adapter, liner or other details:

9. Perforated Casings or Screens:

6 rows 1/2" x 12" from 30 to 68
 (Number per foot and size of perforations, or describe screen)
 from to
 from to
 from to

10. Log of Well: (Describe each stratum or formation clearly, indicate if water bearing, and give thickness and depth as indicated.)

MATERIAL	Thickness (Feet)	Depth to Bottom (Feet)
0 - 2 Topsoil	2	
2 - 30 Brown clay	28	
30 - 70 Sand and gravel	40	
70 - 71.5 Blue clay	1.5	

If log of well is not available, give name and address of driller. Art Clinton, Route 1, Box 2,
Independence, Oregon

11. Infiltration Trench: Covered or open
 Dimensions: Length ft. Minimum depth ft. Maximum depth ft.
 Bottom width ft. Discharge g.p.m. Date of test

12. Tunnel: Type of lining
 Dimensions:
(Length, course, and cross sectional size)
 Position of water bearing stratum with reference to portal of tunnel

Log of tunnel: (Preceding table for log of well may be used, if desired. Give footage from portal and character of materials, as pertinent.)

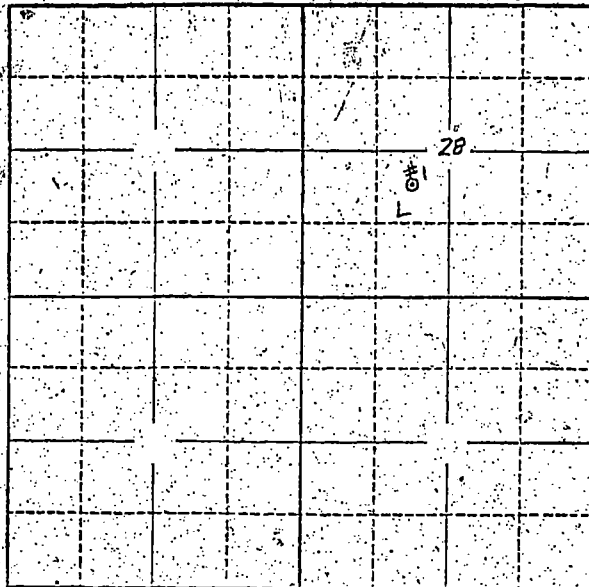
13. Pumping Equipment:
 (a) Pump Pomona Turbine - 7 MC Capacity 250 g.p.m.
(Make, type and size)
 (b) Motor 10 HP Electric motor
(Type and horsepower)

14. Location of area irrigated or to be irrigated, or place of use if for purposes other than irrigation.

Township North or South	Range E. or W. of Willamette Meridian	Section	Forty-acre Tract	Number Acres To Be Irrigated	Date of Reclamation
8 S	4 W	21	E $\frac{1}{2}$ SW $\frac{1}{4}$	All	1951
8 S	4 W	28	NW $\frac{1}{4}$	All	"
8 S	4 W	29	E $\frac{1}{2}$ NE $\frac{1}{4}$	All	"

15. If the ground water supply is supplemental to an existing water supply, identification of any application for a permit, permit, certificate or adjudicated right to appropriate water made or held by the registrant.

Township 85 Range 4W, W.M.
North



Locate well and acreage of irrigated land on plat.
Scale: 2" = 1 Mile

STATE OF OREGON

County of Multnomah } ss.

I, A. W. Trimble, being first duly sworn, do hereby certify that I have read the foregoing Registration Statement and that all of the items therein contained are true to the best of my knowledge and belief.

PACIFIC POWER & LIGHT COMPANY

By [Signature]
(Signature of Registrant) Vice-president

Subscribed and sworn to before me this 25th day of July, 1958.

My commission expires Sept. 15, 1960

[Signature]
(Notary Public)

(SEAL)

CERTIFICATE OF REGISTRATION

STATE OF OREGON

County of Marion } ss.

This is to certify that the foregoing Registration Statement was received in the office of the State Engineer on the 30th day of July, 1958, at 8:00 o'clock A.M. and has been duly recorded in said office in Book No. 13 of Registration Statements on page GR-3141

Witness my hand this 16th day of June, 1959

[Signature]
(State Engineer)

By _____
(Deputy)

\$ 20.00

GR-3141

13060

Attachment 2

Application Maps

Application for a Groundwater Registration Modification – City of Independence

Authorized South Well 1 - POLK 2970
Proposed South Well 1 - POLK 52347, L-79525
South Well 2 - POLK 52348, L-82051
South Well 3 - POLK 52349, L-82052
South Well 4 - POLK 406
South Well 5 - POLK 420

Attachment 4 Well Logs

Application for a Groundwater Registration Modification – City of Independence

STATE ENGINEER
Salem, Oregon

Well Record *Polk* STATE WELL NO. 8/W-281
29770 COUNTY Polk
APPLICATION NO. GR-3183

OWNER: Pacific Power & Light Co.

MAILING ADDRESS: Public Service Building

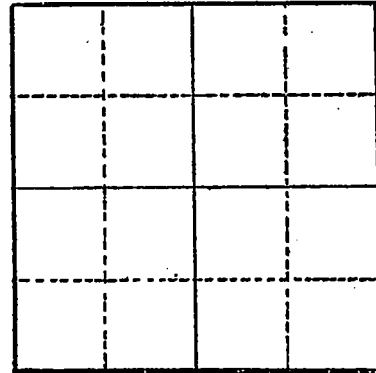
LOCATION OF WELL: Owner's No. Well #1

CITY AND STATE: Portland 4, Oregon

NE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 28 T. 8 ~~N.~~ 4 ~~E.~~ S., R. W., W.M.

Bearing and distance from section or subdivision

corner S.12°31' W. 804.00' from intersection of
South Line of "I" Street and East Line
SP-RR right of way Block 19, Hill's
Addition to Hill's Independence.



Altitude at well _____

TYPE OF WELL: drilled Date Constructed 1951

Depth drilled 71.5' Depth cased 71.5'

Section _____

CASING RECORD:

12"

FINISH:

6 rows 1/2" x 12" from 30 to 68

AQUIFERS:

topsoil, clay, gravel

WATER LEVEL:

45'

PUMPING EQUIPMENT: Type Pomona Turbine 7 MG

H.P. 10

Capacity 250 G.P.M.

WELL TESTS:

Drawdown 8 ft. after _____ hours pumping 244 G.P.M.

Drawdown 20 ft. after _____ hours pumping 472 G.P.M.

USE OF WATER Municipal Temp. _____ °F. _____, 19____

SOURCE OF INFORMATION GR-3141

DRILLER or DIGGER Art Clinton, Route 1, Box 2, Independence, Oregon

ADDITIONAL DATA:

Log Water Level Measurements _____ Chemical Analysis _____ Aquifer Test _____

REMARKS:

0-2 topsoil 2
2-30 Brown clay 28
30-70 Sand and gravel 40
70-71.5 Blue Clay 1.5

POLK 52347

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 79525
 START CARD # 183629

(1) LAND OWNER Owner Well I.D. # _____
 First Name _____ Last Name _____
 Company CITY OF INDEPENDENCE
 Address PO BOX 7
 City INDEPENDENCE State OR Zip 97351

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 95 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	34.5	Cement	0	34.5	18	S
8	34.5	95					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plst	Wld	Thrd
<input checked="" type="checkbox"/>	8	2	95	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS Perforations Method Mills Knife
 Screens Type _____ Material _____

Perf/ Screen	Casing Liner Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
	60	82		.375	2	660	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
230	16	47	12

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County POLK Twp 8 S N/S Range 4 W E/W WM
 Sec 28 SE 1/4 of the NW 1/4 Tax Lot 3000
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street address of well Nearest address

RIVER OAK RD; END OF RD; N OF BRIAR RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>04-20-2006</u>		<u>31</u>

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 31

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>04-20-2006</u>	<u>31</u>	<u>83</u>	<u>250</u>		<u>31</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	5
Brown clay with trace of silt	5	27
Brown fine silty sand	27	38
Brown sand and gravel	38	75
Gray and brown sand and gravel	75	83
Soft green and gray clay	83	89
Sticky gray clay	89	95

RECEIVED

MAY 30 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 03-23-2006 Completed 04-20-2006

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.
 License Number 1629 Date 05-02-2006
 Password: (if filing electronically) _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.
 License Number 1273 Date 05-02-2006
 Password: (if filing electronically) _____
 Signed Floyd Suppe
 Contact Info (optional) _____

13060

POLK 52348

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 82051
 START CARD # 183630

(1) LAND OWNER Owner Well I.D. 2
 First Name _____ Last Name _____
 Company CITY OF INDEPENDENCE
 Address PO BOX 1142
 City INDEPENDENCE State OR Zip 97351

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 80 ft.

BORE HOLE			SEAL			sacks/ Amt	lbs S
Dia	From	To	Material	From	To		
12	0	34	Cement	0	34	17	
8	34	80					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	8		<input checked="" type="checkbox"/> 2	80	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other _____ Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf	Casing/Screen	Screen Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/pipe size
			50	66	.375	2	480	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
220	16.5	50	12

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County POLK Twp 8 S N/S Range 4 W E/W WM
 Sec 28 SE 1/4 of the NW 1/4 Tax Lot 3000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

RIVER OAK RD; END OF RD; N OF BRIARRD

(10) STATIC WATER LEVEL Date _____ SWL (psi) + SWL (ft)

Existing Well / Predeepening	SWL (psi)	SWL (ft)
Completed Well <u>04-20-2006</u>		<u>31.3</u>

Flowing Artesian?
 Depth water was first found 32

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>04-20-2006</u>	<u>32</u>	<u>67</u>	<u>220</u>		<u>31.33</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Fill - road gravel	0	1
Semi-silty brown top soil	1	4
Brown clay very little silt	4	24
Very fine dark brown silty clay	24	26
Medium fine very sandy brown clay and silt	26	37
Medium brown sand and gravel	37	67
Tan and brown clay	67	75
Sticky gray clay	75	80

RECEIVED

MAY 30 2006

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date Started 03-27-2006 Completed 04-20-2006

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

License Number 1629 Date 05-02-2006
 Password : (if filing electronically) _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

License Number 1273 Date 05-02-2006
 Password : (if filing electronically) ****
 Signed Flora Sepp
 Contact Info (optional) _____

POLK 52349

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # 82052
START CARD # 183631

(1) LAND OWNER Owner Well I.D. 3

First Name _____ Last Name _____
 Company CITY OF INDEPENDENCE
 Address PO BOX 7
 City INDEPENDENCE State OR Zip 97351

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 80 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	34	Cement	0	34	16	S
8	34	80					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	2	80	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other _____ Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS Perforations Method Mills knife

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
Perf	Casing		50	66	.375	2	480	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
216	16.3	49	12

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County POLK Twp 8 S N/S Range 4 W E/W WM
 Sec 28 SE 1/4 of the NW 1/4 Tax Lot 3000
 Tax Map Number _____ Lot _____
 Lat _____ ° 0' _____ " or _____ DMS or DD
 Long _____ ° 0' _____ " or _____ DMS or DD
 Street address of well Nearest address
RIVER OAK RD; END OF RD; N OF BRIAR RD

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	SWL(psi)	SWL(ft)
Completed Well	04-20-2006	30.7

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 24

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
04-20-2006	32	66	215		30.7

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil soft	0	4
Gray and brown silty clay	4	24
Dark brown fine silty sand	24	37
Very sandy brown small gravel	37	44
Brown sand and gravel medium	44	66
Soft blue clay	66	74
Sticky gray clay	74	80

RECEIVED

MAY 30 2006

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date Started 04-03-2006 Completed 04-20-2006

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.
 License Number 1629 Date 05-02-2006
 Password: (if filing electronically) _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.
 License Number 1273 Date 05-02-2006
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

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

POLK
406

FEB - 6 - 1992

85/4W/28bd

(START CARD) # **26336**

(1) OWNER: Well Number _____
 Name **CITY OF INDEPENDENCE**
 Address **P.O. BOX 7 - 240 MONMOUTH ST.**
 City **INDEPENDENCE** State **OR** Zip **97351**

(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 **MUNICIPAL**

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **80** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	pounds
12 1/2"	0' 26'	CEMENT	0' 26'	16	SACKS
8"	26' 80'				

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
8"	12'	80'	260	<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: _____

Final location of shoe(s) **80'**

(7) PERFORATIONS/SCREENS:
 Perforations Method **TORCH & WHEELS KNIFE**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/plpe size	Casing	Liner
55'	73'	1/4"	516	288		<input checked="" type="checkbox"/>	<input type="checkbox"/>
74'	77'	6"	716	12		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min **40+GPM** Drawdown **1'** Drill stem at _____ Time **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 **POLK** Latitude _____ Longitude _____
 Township **35** N or S. Range **4W** E or W. WM. _____
 Section **28** SE 1/4 NW 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **IN SOUTH WELL**
TRAD. BEHIND 6165 CORVALLIS RD., IND., ORE.

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date **1-7-92**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **55'**

From	To	Estimated Flow Rate	SWL
55'	73'	40+GPM	50'

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
BROWN CLAY - DENSE	0'	5'	
BROWN CLAY	5'	15'	
GRAY CLAY - DENSE	15'	19'	
BROWN SILTY CLAY	19'	34'	
BROWN SANDY CLAY w/ SOME GRAVEL	34'	47'	
SM - MEDIUM AND SOME LARGE GRAVEL w/ BROWN FINE - COARSE SAND - LOOSE - w. BEARING	47'	73'	50'
BLUE CLAY - DENSE	73'	80'	

Date started **DEC. 19, 1991** Completed **JAN. 8, 1992**

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number **633**
 Signed **Michael Waldrop** Date **1-24-92**

14.

RECEIVED

POIK
420

8s/4w/28bd
W-26327

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

MAR 23 1992

(START CARD) #

(1) OWNER: Well Number: _____
Name City of Independence WATER RESOURCES DEPT County Poke Latitude _____ Longitude _____
Address PO Box 7-240 Monmouth, Oregon Township 8-S N or S, Range 4-W E or W, WM.
City Independence State OR Zip _____
Section 28 SE & NW 4

(9) LOCATION OF WELL by legal description:
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) In South Well Field behind 6165 Corvallis Rd

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(10) STATIC WATER LEVEL:
49 ft. below land surface. Date 2-25-92
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found 2 ft

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

From	To	Estimated Flow Rate	SWL
<u>55</u>	<u>76</u>	<u>100 ft</u>	<u>49</u>

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 80 ft.
Explosives used Yes No Type _____ Amount _____

(12) WELL LOG: Ground elevation _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
<u>12"</u>	<u>0 26</u>	<u>Cement</u>	<u>0 26</u>	<u>13 Sacks</u>
<u>8</u>	<u>26 80</u>			

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Brown Clay</u>	<u>2</u>	<u>12</u>	
<u>Yellow Brown Clay</u>	<u>12</u>	<u>18</u>	
<u>Yellow Pink Clay</u>	<u>18</u>	<u>24</u>	
<u>Brown Silty clay</u>	<u>24</u>	<u>35</u>	
<u>Clay with gravel</u>			
<u>Seams</u>	<u>35</u>	<u>47</u>	
<u>Sand & gravel with brown silt</u>	<u>47</u>	<u>55</u>	
<u>Loose Sand & gravel</u>	<u>55</u>	<u>73</u>	<u>49</u>
<u>Gray clay & gravel</u>	<u>73</u>	<u>76</u>	<u>49</u>
<u>Sandy Blue Clay</u>	<u>76</u>	<u>80</u>	

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 _____

Date started 2-18-92 Completed 2-26-92

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 8 11.5 79 .250
Liner: _____
Final location of shoe(s) 79

(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 Wm E Smith WWC Number 175
Date 2-26-92

(7) PERFORATIONS/SCREENS:
 Perforations Method Mills knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>55</u>	<u>74</u>	<u>3/8 x 1/4</u>	<u>222</u>			<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"/>

(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.
Signed Floyd R Jippe WWC Number 1273
Date 2-26-92

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 60 Drawdown 1 ft Drill stem at _____ Time 1 hr.

Temperature of water 56 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: _____

13060



Water Solutions, Inc.

November 14, 2018

Kelly Starnes
Oregon Water Resources Department
725 NE Summer Street, Suite A
Salem, OR 97301

RE: Applications for Groundwater Registration Modifications for ~~GR-3183~~ GR-3184, and GR-3185, in the Name of the City of Independence

Dear Kelly:

The City of Independence (City) holds Groundwater Registrations GR-3183, GR-3184, and GR-3185, which allow the use of groundwater for municipal use from South Well 1, South Well 2, and South Well 3, respectively.

On behalf of the City, I am submitting the three enclosed groundwater registration modifications applications, and a check for the associated application fees. The City is seeking to modify its groundwater registrations to allow the use of groundwater from any of the five wells in its South Wellfield. In addition, the City is requesting that the authorized place of use for each Groundwater Registration be identified as "the City of Independence Service Area."

Please contact me if you have any question about the enclosed information. My telephone number is 541-257-9004.

Sincerely,

Kimberly Grigsby
Supervising Water Resources Consultant

Cc: Kie Cottam, Public Works Director, City of Independence (*via electronic mail*)

Enclosures: Applications for Groundwater Registration Modifications – GR-3183, GR-3184, and GR-3185

Check in the amount of \$3,750 for application fees