



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](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):**

___ Application fee not enclosed/insufficient	___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete	___ Assignment Form and fee not enclosed/insufficient
___ Additional signature(s) required	___ 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 <b>City of Independence</b>		PHONE NO. <b>503-838-1212</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>P.O. Box 7</b>		FAX NO.	
CITY <b>Independence</b>	STATE <b>OR</b>	ZIP <b>97351</b>	E-MAIL
<b>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.</b>			

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

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

The City of Independence is seeking to modify its groundwater registration (GR-3184) to reflect the new location of South Well 2 and to add all wells in its South Well Field (South Wells 1, 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.**

Kie Cottam  
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 <b>City of Independence Planning Department</b>	ADDRESS <b>555 S. Main Street, P.O. Box 7</b>	
CITY <b>Independence</b>	STATE <b>OR</b>	ZIP <b>97351</b>

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

## Part 4 of 4 – Groundwater Registration Information

### CERTIFICATE OF REGISTRATION # GR-3184 (CERTIFICATE GR-3142)

**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 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	POLK 2976	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 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 center quarter corner of Section 28
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 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 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 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 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-3184 (Certificate # GR-3142)**

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				
<b>EXAMPLE</b>																										
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	9/15/1951			
TOTAL ACRES												TOTAL ACRES										N/A				

**Additional remarks: The City is seeking to modify GR-3184 to reflect the new location of South Well 2, and to add South Wells 1, 3, 4 and 5. In addition, the City is requesting that GR-3184 indicate that the authorized place of use is "the City of Independence Service Area."**

**Groundwater Registration # GR-3184 (Certificate # GR-3142)**

**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/](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-3184

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 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 Drws 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° 30' West 604.00 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 1/4 of Sec. 26 Twp. 3 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 Sept. 15, 1951; was completed on Sept. 28, 1951  
(Date) (Date)

and the ground water claimed was first used for the purposes set out below on Sept. 28, 1951  
(Date)

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

from 9/28/51 to present date  
(Date) (Date)

4. Quantity of water claimed and used is 400 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 78 feet. Type DRILLED  
(Dug or drilled)

diameter 12 inches. Elevation of ground at well site 140 feet, mean sea level.  
(As near as known)

Depth to water table 45 feet.

7. Capacity of Well: 320 g.p.m. with 15 feet drawdown.

\_\_\_\_\_ g.p.m. with \_\_\_\_\_ feet drawdown.

Date of test \_\_\_\_\_

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.)

13061

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

12 inch diameter ..... from 0 to 78 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 58  
(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 Top soil	2	
2 - 30 Brown clay	28	
30 - 70 sand and gravel	40	
70 - 100 Blue clay	30	

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.)

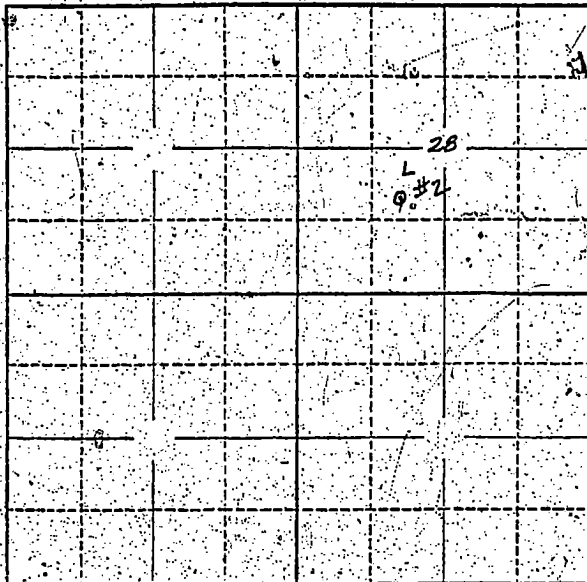
13. Pumping Equipment:  
(a) Pump Pomona turbine 3 stage 8" Capacity 400 g.p.m.  
(Make, type and size)  
(b) Motor 15 HP Electric VHS Motor  
(Type and horsepower)

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 Municipal Supply	Date of Reclamation
8 S	4 W	21	D <sub>2</sub> SW <sub>1/4</sub>	All	1951
8 S	4 W	28	NW <sub>1/4</sub>	All	"
8 S	4 W	29	E <sub>1/2</sub> NE <sub>1/4</sub>	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, 1939

My commission expires Sept. 5, 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, 1939, at 2:00 o'clock A.M. and has been duly recorded in said office in Book No. 13 of Registration Statements on page GR 3142

Witness my hand this 16th day of June, 1939

[Signature]  
(State Engineer)

By \_\_\_\_\_  
(Deputy)

\$ 2000

GR - 3142

13061

## Attachment 2

### Application Maps

Application for a Groundwater Registration Modification – City of Independence

---

Authorized South Well 2 - POLK 2976  
Proposed South Well 2 - POLK 52348, L-82051  
South Well 1 - POLK 52347, L-79525  
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

*Polk*  
*2976* Well Record

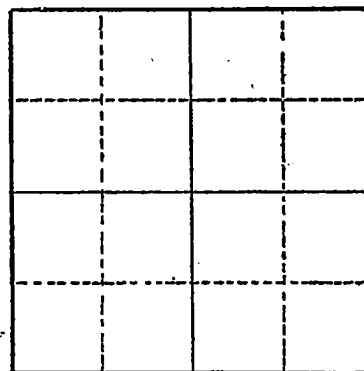
STATE WELL NO. 8/LW-28L  
COUNTY Polk  
APPLICATION NO. GR-3184

OWNER: Pacific Power & Light Co. MAILING ADDRESS: Public Service Building

LOCATION OF WELL: Owner's No. Well #2 CITY AND STATE: Portland 4, Oregon

NE 1/4 SW 1/4 Sec. 28 T. 8 ~~N.~~ S., R. 4 ~~E.~~ W., W.M.

Bearing and distance from section or subdivision corner S. 12°30' 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 78' Depth cased 78'

Section \_\_\_\_\_

CASING RECORD:

12"

FINISH:

6 rows 1/2" x 12"

AQUIFERS:

top soil, clay sand and gravel

WATER LEVEL:

45'

PUMPING EQUIPMENT: Type Pomona turbine 3 stage 8" H.P. 15  
Capacity 400 G.P.M.

WELL TESTS:

Drawdown 15 ft. after \_\_\_\_\_ hours pumping 320 G.P.M.

Drawdown \_\_\_\_\_ ft. after \_\_\_\_\_ hours \_\_\_\_\_ G.P.M.

USE OF WATER Municipal Temp. \_\_\_\_\_ °F. \_\_\_\_\_, 19\_\_\_\_\_

SOURCE OF INFORMATION GR-3142

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

ADDITIONAL DATA:

Log X Water Level Measurements \_\_\_\_\_ Chemical Analysis \_\_\_\_\_ Aquifer Test \_\_\_\_\_

REMARKS:

0-2 topsoil 2  
2-30 Brown clay 28  
30-70 Sand and gravel 40  
70-100 Blue clay 30



# 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/	
Dia	From	To	Material	From	To	Amt	lbs	
12	0	34	Cement	0	34	17	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"/>	8		<input checked="" type="checkbox"/> 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	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
			50	66	.375	2	480	

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

Pump  Bailor  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**

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	04-20-2006			31.3

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 32

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

**(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 9 0 2006**

**WATER RESOURCES DEPT**

**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 Floyd Sepp  
 Contact Info (optional) \_\_\_\_\_

13061

# 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	Plstc	Wld	Thrd
	8	<input checked="" type="checkbox"/> 2	95	.250		<input checked="" 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	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Teel/pipe size
Perf	Casing		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 ° 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**

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

Flowing Artesian?   
 WATER BEARING ZONES Depth water was first found 31

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

**(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 Rippet  
 Contact Info (optional)                     

13061

# POLK 52349

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

WELL LABEL # L 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	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	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**  
 Perforations Method Mills knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

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

Pump  Bailor  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	<u>04-20-2006</u>	<u>30.7</u>

Flowing Artesian?   
 WATER BEARING ZONES Depth water was first found 24

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

**(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 OF  
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/286d

(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	To	Material	From	To	sacks or pounds
12 1/2"	0'	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
Casing: 8"	12'	80'	1.760"	<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"/>

Final location of shoe(s) 80'

(7) PERFORATIONS/SCREENS:  
 Perforations Method TORCH & MILLS KNIFE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
55'	73'	1/4"	5	1 1/2"	200	<input checked="" type="checkbox"/>	<input type="checkbox"/>
74'	77'	5/8"	12	1 1/2"	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
404 GPM	1'		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 85 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  
TRAIL BEHIND 6165 CORVALLIS RD., INDI, 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'	404 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

16.

RECEIVED

Polk  
420

8s/4w/28bd

STATE OF OREGON  
WATER WELL REPORT  
(as required by ORS 537.785)

MAR 23 1992

(START CARD) # W-26327

(1) OWNER:

Name City of Independence Well Number \_\_\_\_\_  
Address PO Box 7-240 Independence, Oregon  
City Independence State OR Zip \_\_\_\_\_

(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 80 ft.  
Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

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>			

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	<u>8</u>	<u>4.5</u>	<u>79</u>	<u>.750</u>	<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"/>

Final location of shoe(s) 79

(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"/>

(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 <u>56</u>	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 8-S N or S, Range 4-W 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 Field behind 6165 Corvallis Rd

(10) STATIC WATER LEVEL:

49 ft. below land surface. Date 2-25-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 2 ft

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

(12) WELL LOG:

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

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

(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

(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 J Spivey WWC Number 1273  
Date 2-26-92

13061



**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