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I.D. # - L10940

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 92263

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

(1) OWNER: Well Number _____
Name Valley Concrete
Address P.O. Box 38
City Independence State ORE. Zip 97351

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

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

HOLE SEAL NOT DISTURBED

Diameter	From	To	Material	From	To	Sacks or pounds

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>27'</u>	<u>44'</u>	<u>3/8x2"</u>	<u>108</u>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
<u>650 GPM</u>	<u>8'</u>		<u>1 hr.</u>
<u>545 "</u>	<u>6'-8"</u>		<u>1/2 hr.</u>

Temperature of water 57° F. 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 B5 N or S Range 4W E or W. WM.
Section 28 SW 1/4 NE 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15 'C' STREET
INDEPENDENCE, ORE 97351

(10) STATIC WATER LEVEL:
12'-8" ft. below land surface. Date 1-29-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
	<u>N</u>		
	<u>A</u>		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>An 8" diameter x 4'-6" Long piece of tubing was fished out of this existing well. Some pieces of an old pump strainer was drilled on + removed.</u>			

Date started JAN. 21, 1998 Completed Jan. 30, 1998

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 633
Signed Michael Waldrop Date Feb. 22, 1998