

RECEIVED

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

DEC 02 1999

POLK
51072

(START CARD) # 122676

Instructions for completing this report are on the back of this card. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number L-10958
Name City of Independence
Address Po Box 7
City Independence State OR 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 TEST

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 100 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	19	Bentonite	0	19	7
6"	19	100				

How was seal placed: Method A B C D E
 Other Pour Dry + Probed
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: 6"	+1	59	250	<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) 59

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	51	1/4"	64	3"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
Bailer 600	8		1 hr.
Pump 100	10 FT		

Temperature of water 54° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom Stettlers
Did any strata contain water not suitable for intended use? Yes Too little
 Salty Muddy Odor Colored Other Surface
Depth of strata: 10 FT

(9) LOCATION OF WELL by legal description:
County Polk Latitude _____ Longitude _____
Township 8 N or S Range 4 E or W W.M.
Section 21 NW 1/4 3E 1/4
Tax Lot 204 Block 842105 Subdivision _____
Street Address of Well (or nearest address) NE corner of Polk St + River Dr.

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 11-3-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 10 FT

From	To	Estimated Flow Rate	SWL
10	13	1 gpm	7
35	51	100 gpm	26

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP Soil	0	4	
Clay Brown	4	18	7
Clay Grey	18	22	
Sand + Small Gravel	22	24	
Gravel w clay Brown	24	35	
Gravel small to med	35	51	100
Claystone Grey	51	100	

Date started 10-26-99 Completed 11-5-99

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed J. Mill WWC Number 1454 Date 11-30-99

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Michael Waldrop WWC Number 033 Date 11-30-99

Bailer Pump