

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL ID # L **38901**

(as required by ORS 537.765)

(START CARD) # **122666**

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

(1) OWNER: Well Number: _____
 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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **61** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12 in	0	61	Bentonite	0	18	15 sacks	
6 in	61	70	Bentonite	61	70	2 sacks	

How was seal placed: Method A B C D E
 Other **Pour dry and probed**
 Backfill placed from **70** ft. to **100** ft. Material **Gravel**
 Gravel placed from **18** ft. to **61** ft. Size of gravel **3/4 in.**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8 in	1 1/2	61	.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) **61**

(7) PERFORATIONS/SCREENS:

Perforations Method **Torch**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	50	3/8x6	120		8 in	<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
71.54	9'		1 hr.

Temperature of Water **54 deg.** 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 **8S** N or S. Range **4W** E or W. of WM. _____
 Section **21** **NW** 1/4 **SE** 1/4 _____
 Tax lot _____ Lot **1** Block **6** Subdivision _____
 Street Address of Well (or nearest address) **805 River Drive**

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date **7/10/2000**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **35**

From	To	Estimated Flow Rate	SWL
35	51	100 GPM	26

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil; brown	0	4	
Clay; brown	4	18	
Clay; sandy grey	18	22	
Sand; grey and gravel	22	24	
Gravel; cemented	24	35	
Gravel; small and medium	35	51	
Claystone; grey	51	100	
6 in casing pulled out then reamed 12 in			

RECEIVED

AUG 14 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **6/13/2000** Completed **7/10/2000**

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

Signed _____ WWC Number _____
 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.

Signed *Michael Anderson* WWC Number **633**
 Date **AUGUST 10, 2000**