

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

Polk
51438

WELL I.D. # L 48798
START CARD # 141217

(1) LAND OWNER Well Number Polk #2
Name City of Independence
Address 240 Monmouth St.
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 Municipal

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 57 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
20"	0'	19'	Bentonite	0'	3'	8	sacks
20"	3'	19'	Cement	3'	19'	15	"
12"	19'	57'					

How was seal placed: Method A B C D E
 Other Bentonite placed dry

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: 12"	+3'	26-3'	.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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type V-slot Material 304s. steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
24'	26-8"	K-packer	10"	PS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
26-8"	46-8"	150	12"	Tele.	<input type="checkbox"/>	<input type="checkbox"/>	
46-8"	57'				<input type="checkbox"/>	<input type="checkbox"/>	

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

Yield gal/min	Drawdown	Drill stem at	Time
300	7.6'	NA	1 hr.
400	9'	NA	7 hours

Temperature of water 54° 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. WM.
Section 21 NW 1/4 SE 1/4
Tax Lot 8421 DB 100 Block _____ Subdivision _____

Street Address of Well (or nearest address) South of Polk #1 Street well 350' approx.

(10) STATIC WATER LEVEL:
24 ft. below land surface. Date 8-15-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 38'

From	To	Estimated Flow Rate	SWL
26'	46'	300+	24'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0'	2'	
Brown clay	2'	10'	
Silty Brown clay	10'	22'	
Gravel, small-med. w/ brown fine-coarse sand	22'	47'	
Blue clay	47'	57'	

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WATER RESOURCES DEPT. SALEM, OREGON
WATER RESOURCES DEPT. SALEM, OREGON

Date started August 9, 2001 Completed August 16, 2001

(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.
Signed Michael Waldorf WWC Number 0833
Date 9-28-01