

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

WELL LABEL # L N/A

START CARD # 183642

(1) LAND OWNER Owner Well I.D. old well # 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 Pump Hoist

(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 0 ft.

BORE HOLE			SEAL		To	Amt	sacks/ lbs
Dia	From	To	From	To			
12	0	78	Cement	-1	78	79	S

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"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	1	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input 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
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
	<u>see #</u>	<u>11</u>						

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____
N/A

Temperature N/A °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 BRIAR RD

(10) STATIC WATER LEVEL Date _____ SWL (psi) _____ + SWL (ft) _____

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	04-25-2006		31

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found N/A

SWI	Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Pump was removed and hole cleaned to bottom.		
Casing was perforated in area not already perforated.		
Cement was pumped in filling hole.		

RECEIVED
 MAY 30 2006
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 04-25-2006 Completed 04-28-2006

(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 05-04-2006
 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 05-04-2006
 Password : (if filing electronically) _____
 Signed Floyd Sapp
 Contact Info (optional) _____