POLK 52346

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

| WELL LABEL # L | NIA |
|----------------|--------|
| START CARD# | 183630 |

| (1) LAND OWNER Owner Well I.D. old well #1 | (9) LOCATION OF WELL (legal description) | |
|---|---|--|
| First Name Last Name | County POLK Twp 8 S N/S Range4 W E/W WM | |
| Company CITY OF INDEPENDENCE | Sec 28 SE 1/4 of the NW 1/4 Tax Lot 3000 · | |
| Address PO BOX 7 | Tax Map Number Lot | |
| City INDEPENDENCE State OR Zip 97351 | Lat ° "or DMS or DD | |
| (2) TYPE OF WORK New Well Deepening Conversion | Long DMS or DD | |
| Alteration (repair/recondition) | Street address of well Nearest address | |
| Atteration (repair/recondition) Abandonment | | |
| (3) DRILL METHOD | RIVER OAK RD;END OF RD; N OF BRIAR RD | |
| Rotary Air Rotary Mud Cable Auger Cable Mud | (10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) | |
| Reverse Rotary X Other Pump hoist | | |
| (4) PROPOSED USE Domestic Irrigation Community | Existing Well / Predeepening | |
| Industrial/ Commercial Livestock Dewatering | Completed Well 04-24-2006 31 Flowing Artesian? | |
| Thermal Injection Other | | |
| (5) BORE HOLE CONSTRUCTION Special Standard Attach copy | WATER BEARING ZONES Depth water was first found N | |
| Depth of Completed Well ft. |) SWL Date From To Est Flow SWL(psi) + SWL(ft) | |
| BORE HOLE SEAL sacks/ | | |
| Dia From To Material From To Amt lbs | | |
| 12 0 84 Cement -4 84 82 S | | |
| | | |
| | (11) WELL LOG Ground Flevetion | |
| How was seal placed: Method A B XC D E | Glound Dicvation | |
| Other | Material From To Pump removed and hole cleaned to bottom. Casing | |
| Backfill placed from ft. to ft. Material | was perforated in area that was not already perforated | |
| Filter pack from ft. to ft. Material Size | Cement was pumped in filling hole up to -4 ft. | |
| Explosives used: Yes Type Amount | Cement left at this level so top of casing could be | |
| | used to bring new water line into building. | |
| (6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd | | |
| (a) 12 0 84 250 (b) X | | |
| R A I I I I I I I I I I I I I I I I I I | | |
| R A H H R A H H | | |
| | | |
| | RECEIVED RECEIVED | |
| Shoe Inside Outside Other Location of shoe(s) | | |
| Temp casing Yes Dia From To | OCT 05 2006 MAY 3 0 2006 | |
| (7) DEDEODATIONS/SCREENS | | |
| Perforations Method MILLS KNIFE | VATER RESOURCES DEPT WATER RESOURCES DEPT | |
| Screens Type Material | SALEM, OREGON SALEM, OREGON | |
| Perf/ Casing/Screen Scm/slot Slot # of Tele/ | Data Started ou au cook | |
| Perf/ Casing/Screen Scm/slot Slot # of Tele/ Screen Liner Dia From To width length slots pipe size Date Started 04-24-2006 Completed 04-25-2006 | | |
| (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. | |
| (8) WELL TESTS: Minimum testing time is 1 hour | License Number 1629 Date 05-02-2006 | |
| Pump Bailer Air Flowing Artesian | Password : (if filing electronically) | |
| | Signed | |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) (bonded) ater 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 | |
| Temperature N A °F Lab analysis Yes By | performed during this time is in compliance with Oregon water supply well | |
| Water quality concerns? Yes (describe below) | construction standards. This report is true to the best of my knowledge and belief. | |
| From To Description Amount Units | | |
| · | License Number 1273 Date 05-02-2006 | |
| | Password : (if filing electronically) | |
| | Password: (if filing electronically) Signed Flory Supper | |
| | Password: (if filing electronically) Signed Large Supper Contact Info (optional) | |
| ORIGINAL - WATER RESOURCES DEPARTM THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTM | Password: (if filing electronically) Signed Large Supper Contact Info (optional) DEPARTMENT | |