

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

WELL LABEL # L 79525

START CARD # 183629

(1) LAND OWNER Owner Well I.D. # _____

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 _____

(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 95 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
12	0	34.5	Cement	0	34.5	18	S
8	34.5	95					

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"/>	8		2	95	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing		60	82	.375	2	660	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
230	16	47	12

Temperature 54 °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 _____ ° 0 ' _____ " or _____ DMS or DD
Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address

RIVER OAK RD; END OF RD; N OF BRIAR RD

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-20-2006		31

Flowing Artesian?

WATER BEARING ZONES

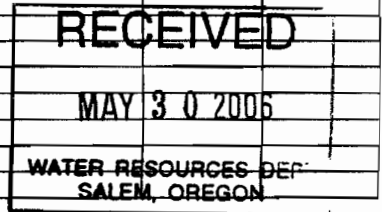
Depth water was first found 31

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-20-2006	31	83	250		31

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	5
Brown clay with trace of silt	5	27
Brown fine silty sand	27	38
Brown sand and gravel	38	75
Gray and brown sand and gravel	75	83
Soft green and gray clay	83	89
Sticky gray clay	89	95



Date Started 03-23-2006 Completed 04-20-2006

(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 05-02-2006
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 05-02-2006
Password: (if filing electronically) ****
Signed Floyd Ripp
Contact Info (optional) _____