

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

WELL LABEL # L 82052

START CARD # 183631

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

(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 80 ft.

BORE HOLE			SEAL		Amt	sacks/ lbs
Dia	From	To	From	To		
12	0	34	Cement	0	34	16 S
8	34	80				

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	80	.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		50	66	.375	2	480	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
216	16.3	49	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		30.7

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 24

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-20-2006	32	66	215		30.7

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil soft	0	4
Gray and brown silty clay	4	24
Dark brown fine silty sand	24	37
Very sandy brown small gravel	37	44
Brown sand and gravel medium	44	66
Soft blue clay	66	74
Sticky gray clay	74	80

RECEIVED
MAY 30 2006
WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date Started 04-03-2006 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 [Signature]
Contact Info (optional) _____