

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

POLK 52861

DRAFT

(START CARD) #

L 93614
 196825

(1) OWNER: Well Number #2
 Name City of Independence
 Address P.O. Box
 City Independence State Or Zip 97351

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other Municipal

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 53 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		To	Material	SEAL From		To	Amount sacks or pounds
12"	0'	53'		Cement	27'	17'		40 SACKS
				Bentonite	17'	13'		28 SACKS
				Cement	13'	1.5'		15 SACKS
				Bentonite	1.5'	0'		3 SACKS

How was seal placed: Method A B C D E
 Other powered - prepad
 Backfill placed from 27 ft. to 29 ft. Material 1/4" minus
 Gravel placed from 29 ft. to 53 ft. Size of gravel 2 BOUND

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	13.5'	29'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	45.5'	53'		<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"/>

Final location of shoe(s) none

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
29'	45.5'	100		8"	P.S.	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 45 GPM Drawdown 0' Drill stem at _____ Time 1 hr.

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 B5 N or S. Range 4W E or W. WM.
 Section 33 NW 1/4 NE 1/4
 Tax Lot 201 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) S. Corvallis Rd, Independence, Or

(10) STATIC WATER LEVEL:
23.5 ft. below land surface. Date 07-16-08
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 19

From	To	Estimated Flow Rate	SWL
23'	46'	45+GPM	23.5'

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Fill Gravel - Pit Run	0'	6'	
Clay - Sandy - Brown	6'	15'	
Sand, silt with clay + Gravel	15'	17'	
Gravel, small - medium w/ brown sand - loose	17'	46'	23.5'
Gravel, tight w/ sand	46'	52'	23.5'
Clay - Blue	52'	57'	
Back filled w/ 1/4" minus	57'	53'	

RECEIVED

SEP 18 2008

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 06-09-08 Completed 07-16-08

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 633
 Signed Michael Waldrop Date 07-27-08