

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

FEB 27 2009

WELL LABEL # L _____

WATER RESOURCES DEPT
SALEM, OREGON

START CARD #

161394

Instructions for completing this report are on the last page of this form

(1) LAND OWNER

Owner Well I.D. _____
First Name 96 Last Name _____
Company 96 INDEPENDENCE
Address 240 MONMOUTH ST.
City INDEPENDENCE State ORE 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 Injection
 Thermal Other

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)

Depth of Completed Well _____ ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
			<u>N</u>				
			<u>A</u>				

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

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature _____ °F Lab analysis Yes No

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County POLK Twp 8S N or S Range 4W E or W W.M.
Sec 28 SW 1/4 of the NE 1/4 Tax Lot _____

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 315 S. MAIN ST., IND., ORE

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>11-19-08</u>			<u>21'-4"</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>11-19-08</u>						<u>21'-4"</u>

(11) WELL LOG

Material	From	To
<u>WELL DATA: 12" WELL to 57'</u>		
<u>SWL: 21'-4"</u>		
<u>ABANDONMENT PROCEDURE:</u>		
<u>PERFORATE FROM 55' (END OF CASING) TO MINUS 10' (CEMENTED AS PERFORATOR COULD NOT CUT SLOTS). CUT 280 SLOTS; SET 4" THEMIES; USED CEMENT-WTR @ 21 SACKS PER YARD W/ 5.5 TO 6 GALLONS WTR TO ALL 12" SHOW 57 FT TO MINUS 4 FEET. TOTAL USED 4 3/4 YARDS CEMENT; BROUGHT TO MINUS 2' w/ 2 SACKS BENTONITE</u>		

Date Started 11-13-08 Completed 11-19-08

(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 _____ Date _____

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 633 Date 12-07-08

Signed Michael Waldrop

Contact Info. (optional) _____