

STATE OF OREGON  
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 97867

START CARD # 201613

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name JOOST Last Name VANDERHAVE  
Company \_\_\_\_\_  
Address PO BOX 37  
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 None

(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 38 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs

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

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S Casing/ Screen  
creen Liner Dia From To Scm/slot Slot # of Tele/  
width length slots pipe size

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scm/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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature \_\_\_\_\_ °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

Table with columns: 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 9 NE 1/4 of the SE 1/4 Tax Lot 2853  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

3215 INDEPENDENCE HWY INDEPENDENCE OR

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), +, SWL(ft)  
Existing Well / Predeepening 04-16-2009 17  
Completed Well \_\_\_\_\_

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft)

(11) WELL LOG

Table with columns: Material, From, To  
Casing was 2" above ground level we added 1.5' of 6" casing. Casing now 1' 8" above ground level.  
Original well POLK 2853  
RECEIVED  
APR 29 2009  
WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 04-16-2009 Completed 04-16-2009

(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 \_\_\_\_\_  
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 04-27-2009  
Password : (if filing electronically) \*\*\*\*  
Signed Floyd Seppie  
Contact Info (optional) \_\_\_\_\_