

# POLK 53210

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

WELL LABEL # L 104055  
 START CARD # 207364

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company RICKREALL COMMUNITY WATER ASSOCIATION  
 Address PO BOX 44  
 City RICKREALL State OR Zip 97371

**(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 TEST WELL

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 70 ft.

| BORE HOLE |      |    | SEAL      |      |    | sacks/<br>lbs |
|-----------|------|----|-----------|------|----|---------------|
| Dia       | From | To | Material  | From | To |               |
| 10        | 0    | 28 | Bentonite | 0    | 28 | 17 S          |
| 6         | 28   | 70 |           |      |    |               |

How was seal placed: Method  A  B  C  D  E  
 Other Bentonite dry  
 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"/> | 6   |   | 1    | 70 | .250  | <input checked="" type="checkbox"/> | <input checked="" 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/S | Casing/ | Screen | Casing | Screen | Scrm/slot | Slot   | # of  | Tele/     |
|--------|---------|--------|--------|--------|-----------|--------|-------|-----------|
| Perf   | Casing  | Dia    | From   | To     | width     | length | slots | pipe size |
|        |         | 6      | 43     | 62     | .375      | 2.5    | 426   |           |

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 60 Drawdown 10.8 Drill stem/Pump depth 60 Duration (hr) 6

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_

**(9) LOCATION OF WELL (legal description)**

County POLK Twp 7 S N/S Range 4 W E/W WM  
 Sec 35 NW 1/4 of the SW 1/4 Tax Lot 901  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
Next lot south of 1125 Independence Highway - Independence, OR

**(10) STATIC WATER LEVEL**

|                              | Date              | SWL(psi) | + | SWL(ft)   |
|------------------------------|-------------------|----------|---|-----------|
| Existing Well / Predeepening |                   |          |   |           |
| Completed Well               | <u>07-07-2011</u> |          |   | <u>38</u> |

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 41

| SWL Date          | From      | To          | Est Flow  | SWL(psi) | + | SWL(ft)   |
|-------------------|-----------|-------------|-----------|----------|---|-----------|
| <u>06-30-2011</u> | <u>41</u> | <u>62.5</u> | <u>60</u> |          |   | <u>38</u> |

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

| Material                    | From | To   |
|-----------------------------|------|------|
| Top soil                    | 0    | 2    |
| Brown clay                  | 2    | 12   |
| Brown clay some sand        | 12   | 20   |
| Brown clay some gravel      | 20   | 21   |
| Gray sand                   | 21   | 23   |
| Brown clay firm             | 23   | 34   |
| Fine brown sand             | 34   | 41   |
| Gravel and brown sand       | 41   | 46   |
| Fine brown sand some gravel | 46   | 55   |
| Gray sand and gravel        | 55   | 59   |
| Brown sand and gravel       | 59   | 62.5 |
| Gray clay                   | 62.5 | 70   |

Date Started 06-23-2011 Completed 07-07-2011

**(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 07-20-2011  
 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 07-20-2011  
 Password: (if filing electronically) \*\*\*\*\*  
 Signed Floyd Sepp  
 Contact Info (optional) \_\_\_\_\_

RECEIVED

JUL 20 2011  
 WATER RESOURCES DEPT  
 SALEM, OREGON