AMENDED

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

POLK 53821

5/15/2016

WELL I.D. LABEL# L 113161
START CARD # 1029486
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name RODGER Last Name FITTS
Company WIGRICH FARM INC.
Address 5835 WIGRICH RD.
City INDEPENDENCE State OR Zip 97351

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [X] (Attach copy)

Depth of Completed Well 41.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
20	0	14	Bentonite Chips	0	14	15	S
16	14	41			Calculated	14.13	
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other PROBED AND HYDRATE
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
[•]	[ ]	16	[X]	1	41	.250	[•]	[ ]	[X]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 41
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Mills knife
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	16	28	34	.375	3	156	

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

( ) Pump (•) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60	0		1

Temperature 56 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 123

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County POLK Twp 9.00 S N/S Range 4.00 W E/W WM
Sec 10 NW 1/4 of the SE 1/4 Tax Lot 600
Tax Map Number Lot
Lat ° ' " or 44.80148000 DMS or DD
Long ° ' " or -123.15960000 DMS or DD
( ) Street address of well (•) Nearest address

LAT,44.80148 LONG.-123.1596
BUENA VISTA RD. INDEPENDENCE,OR. 97351

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	4/15/2016		[ ]	10

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 12.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/15/2016	12	35	600		[ ]	10
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation

Material	From	To
Soft top soil	0	3
Dark brown clay	3	12
Brown clay and gravel	12	15
Med./Lg. Gray & Brown sand and gravel	15	30
Relish brown sand and gravel	30	35
Blue clay w/ fine sand streaks	35	41

Date Started 1/24/2016 Completed 4/15/2016

(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 1629 Date 5/15/2016

Signed JAMES GUNN (E-filed)

Contact Info (optional)