

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

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5N/1W/28dd

DEC 12 1989 (START CARD) # 16708

(1) OWNER:

Name Veris Probst
 Address PoBox 275
 City ST Helens State OR Zip 97054

Well Number: _____ **(9) LOCATION OF WELL by legal description:**

County CLATSOP Latitude _____ Longitude _____
 Township 5N N or S, Range 1W E or W, WM. _____
 Section 28 SE $\frac{1}{4}$ SE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 36390 Melrose LN
Columba City

(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 _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Cement	0	18	10 bags
6	18	200	Benahite			

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6"	71	159		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 159

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5		150	1 hr.

(10) STATIC WATER LEVEL:

100 ft. below land surface. Date Nov 4 89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	161	6 gpm	100

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Tan clay	2	30	
Red clay	30	60	
Brown clay	60	100	
Sandstone	100	150	100
Basalt	150	200	

Date started 3 NOV 89 Completed 4 NOV 89

(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 660
 Signed [Signature] Date 11-27-89