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51235

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

WELL I.D. # L 37249
START CARD # 126910

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

(1) OWNER: Well Number _____
Name VORIS PROBST
Address 36380 MILORIS WAY
City COLUMBIA CITY State OR Zip 97018

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 605 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	100	Cem/Bent	0	100	
8	100	299	Cem/Bent	100	299	94 SKS
6	299	548				
5	548	605				

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:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6"	+2	300	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	230	503	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH
 Screens Type _____ Material STEEL

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	Liner
461	503	1/8x12	84			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
25 _____ 600 _____ 1 hr.

Temperature of water 56°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County COLUMBIA Latitude _____ Longitude _____
Township 5N N or S Range 1W E or W. WM.
Section 28 NE. 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 36300 MILORIS WAY

(10) STATIC WATER LEVEL:
390 ft. below land surface. Date 11/03/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 508

From	To	Estimated Flow Rate	SWL
508	548	25 GPM	390

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(12) WELL LOG:
Ground Elevation _____ WATER RESOURCES DEPT
SALEM, OREGON

Material	From	To	SWL
Topsoil	0	2	
Brown silty clay	2	54	
Sticky dark brown clay	54	96	
Firm brown basalt	96	104	
Firm gray-black basalt	104	158	
Soft brown basalt	158	165	
Firm gray-black basalt	165	248	
VOID loss circ.-no returns	248	256	
Firm formation-no returns	256	296	
Firm gray-black basalt	296	393	
Hard gray basalt	393	458	
Firm gray-black basalt	458	468	
Firm blue-gray clatstone (caving)	468	500	
Firm gray-black basalt	500	605	390

Date started 10/11/99 Completed 11/03/99
(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1266
Signed _____ Date 11/05/99