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

COLU 55078

6/10/2016

WELL I.D. LABEL# L
START CARD # 1030605
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name Last Name
Company TEEVIN BROS
Address PO BOX 247
City RAINIER State OR Zip 97048

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☒ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:	8	☒	2.83	90	.325	◉	○	☒	☐

	Material	From	To	Amt	sacks/lbs
Seal:	Bentonite	0	18.5	20	Sacks

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☒ Other DECOMMISSION

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering PROPOSED USE FOR DUST CONTROL FOR
☐ Thermal ☐ Injection ☒ Other DECOMMISSION LOG YARD

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well _____ ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
8	0	100	Cement	1	100	500	P
					Calculated		
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other TREMIE PIPE
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
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/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)

Temperature _____ °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County COLUMBIA Twp 7.00 N N/S Range 2.00 W E/W WM
Sec 17 NW 1/4 of the NE 1/4 Tax Lot 22167
Tax Map Number _____ Lot _____
Lat ___ ° ___ ' ___ " or _____ DMS or DD
Long ___ ° ___ ' ___ " or _____ DMS or DD
◯ Street address of well ◯ Nearest address
29191 DIKE ROAD RAINIER, OR 97048

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well			☐	

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
					☐	
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
CUT DRIVE SHOE	0	100
PULLED 8" CASING AND FILLED WITH	0	100
CEMENT GROUT	0	100

RECEIVED BY OWRD
JUL 11 2016
SALEM, OR

Date Started 5/18/2016 Completed 5/18/2016

(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 1646 Date 6/10/2016

Signed CHRISTOPHER R MCGHEE (E-filed)

Contact Info (optional) _____