

6/10/2016

(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 Thrld
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(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 DUST CONTROL FOR LOG YA

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 105.00 ft.
BORE HOLE Dia From To Material From To Amt sacks/lbs

14	0	18.5	Bentonite	0	18.5	20	S
8	18.5	105				Calculated	10.49
						Calculated	

How was seal placed: Method A B C D E
 Other POURED
 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 Thrld

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2.83	85	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 12 From 0 To 18.5

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type ALLOY MACHINE \ Material STAINLESS STEEL

Perf/ Screen	Casing/ Screen	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	0.67	84.5	105	.5		100	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		105	1

 Temperature 52 °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 1/4 of the 1/4 Tax Lot 22167
 Tax Map Number _____ Lot _____
 Lat _____ " or 46.09527778 DMS or DD
 Long _____ " or -122.94833333 DMS or DD
 Street address of well Nearest address
 29191 DIKE ROAD RAINIER, OR 97048

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well			18.5

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
6/10/2016	22	69	50		18.5
6/10/2016	69	105	450		18.5

(11) WELL LOG Ground Elevation _____

Material	From	To
PIT ROCK	0	1
SANDY GRAY FINE	1	11
SANDY GRAY MEDIUM	11	22
SAND MEDIUM-COURSE WITH PUMICE	22	48
SILTY SAND WITH WOOD	48	69
SAND AND GRAVEL COURSE	69	105

RECEIVED BY OWRD
 JUL 11 2016
 SALEM, OR

Date Started 5/20/2016 Completed 5/27/2016

(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) _____