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

COLU 55080

6/10/2016

WELL I.D. LABEL# L 52669
START CARD # 1030388
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

[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

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

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [X] Other DUST CONTROL FOR LOG YAI

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 100.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
14	0	18.5	Bentonite	0	18.5	20	S
8	18.5	100			Calculated	18.09	
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] 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	Thrd
(•)	( )	8	[X]	2.83	90	.325	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 90
Temp casing [X] Yes Dia 12 From 0 To 18.5

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Liner	Screen 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 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 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	05/18		[ ]	0
Completed Well			[ ]	

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found NO WATER FOUND

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

(11) WELL LOG

Ground Elevation

Material	From	To
PIT ROCK	0	1.5
SAND GRAY MEDIUM-FINE	1.5	16
SILTY SAND BLUE-GRAY	16	37
SAND FINE BLUE	37	64
SILTY SAND GRAY-BLACK	64	90
SANDSTONE GRAY MEDIUM	90	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)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: