

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

WELL I.D. # L

START CARD # 175738

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

(1) LAND OWNER

Well Number # 2
Name CITY OF ASTORIA
Address 1095 DUNN HILL
City ASTORIA State OR Zip 97103

(2) TYPE OF WORK

☐ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☒ Abandonment ☐ Conversion

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☒ Other Bored

(4) PROPOSED USE

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other Drinking

(5) BORE HOLE CONSTRUCTION

Special Construction: ☒ Yes ☐ No
Depth of Completed Well 30 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE

Diameter	From	To	Material	From	To	Sacks or Pounds
40"	0	10				
34	10	30				

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	Steel	Plastic	Welded	Threaded
12	0	10	SDR 51	☒	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
10	30	030				☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water _____ 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 (legal description)

County CLATSOP
Tax Lot _____ Lot _____
Township 8N N or S Range 10W E or W WM
Section 13 NE 1/4 NE 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) ROW

(10) STATIC WATER LEVEL

_____ ft. below land surface. Date _____
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG

Material	From	To	SWL
Casing Extracted			
4' Bentonite chip			
Seal placed from			
Static Level			

RECEIVED
OCT 19 2005
DEC 14 2005
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-12-05 Completed 10-12-05

(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.

WWC 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.

WWC Number 715 Date 10-13-05

Signed Dan Frazier