CLAT 52419

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

CLAT 52419

WELL I.D. # L _____

START CARD # 175 740

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

(1) LAND OWNER Well Number #4
Name City of Astoria
Address 1095 Duane Ave
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 Dewater

(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	SEAL Material	From	To	Sacks or Pounds
40"	0	10				
36	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
Casing:	12	0	10	SDR 51	☐	☑	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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 8 N N or S Range 10 W 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 Ground Elevation _____

Material	From	To	SWL
Casing Extended			
4' Bentonite chip			
seal placed from			
static level			

RECEIVED
OCT 19 2005
WATER RESOURCES DEPT
SALEM, OREGON

DEC 1 2 2005

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 Don Feakin

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004