

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

10-22-2009

WELL LABEL # L 59023

START CARD # 1007875

(1) LAND OWNER Owner Well I.D. PW #7

First Name _____ Last Name _____
Company City of Gearhart
Address 698 Pacific Way
City Gearhart State OR Zip 97138

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(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 _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 131.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	131	Cement	0	90	91	S

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

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 90 ft. to 125.7 ft. Material Silica Sand Size 10/20

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plste	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		2.5	95	0.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	10		125	131	0.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type Spiral Wrap Material 304 SS

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia			width	length	slots	pipe size
Screen		10	95	125	.02			

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

<input checked="" type="radio"/> Pump	<input type="radio"/> Bailer	<input type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200	74.5	89	24

Temperature 54 °F Lab analysis Yes By Consultant

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Clatsop Twp 6.00 N N/S Range 10.00 W E/W WM
Sec 4 SW 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

6th Ave and Marion Street, Gearhart, Oregon

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	09-18-2009		21.8

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 12'

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-12-2009	20	130	200		20

(11) WELL LOG

Material	From	To
Medium - Dark Brown Sand	0	60
Medium - Gray sand with sea shells	60	118
Hard - Black basalt w/ cobbles	118	119
Medium, dense / Fine sands, wet	119	130
Hard - Black basalt	130	131

Ground Elevation _____

RECEIVED
MAR 25 2010

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 08-30-2009 Completed 10-22-2009

(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 1702 Date 10-22-2009

Electronically Filed

Signed RUSTY ROTTO (E-filed)

(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 1523 Date 10-22-2009

Electronically Filed

Signed ROBERT STADELI (E-filed)

Contact Info (optional)