

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

10-22-2009

WELL LABEL # L 59025

START CARD # 1007881

(1) LAND OWNER Owner Well I.D. PW #9 \_\_\_\_\_  
 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 123.00 ft.

BORE HOLE			SEAL		sacks/ lbs		
Dia	From	To	From	To			
16	0	123	Cement	0	54	70	S

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 83.5 ft. to 123 ft. Material Silica Sand Size 10/20

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		2	88	0.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		118	123	0.375	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	88	118	.035			

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
255	71.9	86	24

Temperature 53 °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	10-12-2009			21

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 12'

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-22-2009	18	123	255			25

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Sand - Fine to medium	0	116
Gravly sand	116	123
Basalt - Hard	123	123

RECEIVED

MAR 25 2010

WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 09-21-2009 Completed 10-21-2009

(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 R OTTO (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 STADELLI (E-filed)  
 Contact Info (optional)