

STATE OF OREGON  
WATER SUPPLY WELL REPORT

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

10-22-2009

WELL LABEL # L 59027

START CARD # 1007876

(1) LAND OWNER Owner Well I.D. PW #11

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 125.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	125	Cement	0	85	76	S

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from 85.7 ft. to 125 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	<input checked="" type="checkbox"/>	2	90	0.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	121	125	0.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Casing/	Screen	From	To	Serm/slot	Slot	# of	Tele/
creen	Liner	Dia			width	length	slots	pipe size
Screen		10	90	121	.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)
200	74	84	72

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
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	09-30-2009			25

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 9'

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-27-2009	22	125	200			25

(11) WELL LOG

Material	Ground Elevation	
	From	To
Medium / Fine Sand	0	120
Gravel / Cobbles	120	125
Basalt - Hard	125	125

RECEIVED  
MAR 25 2010  
WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 09-19-2009 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 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)