CLAT 53271

10-22-2009

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

WELL LABEL # L 59030

START CARD # 1007877

(1) LAND OWNER

Owner Well I.D. PW #14

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/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 159.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	159	Cement	0	93.25	63	S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 93.25 ft. to 159 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
◉	○	10	☒	3.3	102	0.375	◉	○	☒	☐
◉	○	10	☐	154	159	0.375	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		10	102	154	.0.035			

(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	81.8	94	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

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	10/21/2009		☐	23

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 20

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-12-2009	20	131	200		☐	25
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Med / Coarse Fine sand	0	69
Med / Coarse Fine sand w/ wood and organics	69	71
Sandy silt	71	75
Gravelly sand	75	92
Fine/ Med sand	92	124
Gravelly Fine / medium sand	124	159
Very dense silty clay - Gray	159	159

Date Started 09-04-2009 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 STADELI (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95