

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

CLAT 55068

WELL I.D. LABEL# L 132105
 START CARD # 1041604
 ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. NW
 First Name _____ Last Name _____
 Company Falcon Cove Beach Water District
 Address 31911 Clatsop Lane
 City Arch Cape State Or Zip 97102

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

(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 173 ft.
BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/lbs
10	0	115	Bentonite Chips		0	115	58	S
8	115	166		Calculated			47.9	
5.5	166	173		Calculated			47.9	

How was seal placed: Method A B C D E
 Other poured dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 120 ft. to 173 ft. Material silica Size 6/9
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	166	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	1	113	sch40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) 166
 Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method machined
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Te/pipe size
Perf	Casing		6	151	162	.125	6	81	
Screen	Liner		4	113	173	.032			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
21		160	4

 Temperature 51 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 210 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County CLATSOP Twp 4 N N/S Range 10 W E/W WM
 Sec 31 NW 1/4 of the SE 1/4 Tax Lot NW ROW
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Cove Beach Road by reservoir (easement on Oswald State Park)

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	01-02-2019		141

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 90

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	90	94	7		
01-02-2019	151	162	21		141

(11) WELL LOG Ground Elevation _____

Material	From	To
clay, brown w/boulders	0	2
clay, orange/brown	2	5
clay, brown w/rock	5	6
clay, orange/brown	6	12
clay, grey, sticky	12	18
sandstone, grey, med, soft	18	34
sandstone, brown, med	34	50
sandstone, grey, soft	50	53
sandstone, brown, med	53	63
sandstone, grey, med	63	76
sandstone, brown/orange	76	78
sandstone, grey, med	78	91
rock, black w/dark brown sandstone	91	94
sandstone, grey, med	94	151
rock, black/brown, broken w/grey sandstone seams	151	162
clay, grey	162	173

 Dickerson Well Drilling, Inc.
 (503)623-2664

Date Started 12-27-2018 Completed 01-02-2019

(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 1574 Date 01-30-2019
 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.
 License Number 1571 Date 01-30-2019
 Signed William A. Blasi
 Contact Info (optional) _____

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RECEIVED
 FEB 08 2019
 OWRD