

TILL 51981 5/9/09

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STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL ID. # 92698
 START CARD # 199389

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Port of Tillamook Bay Well Number 1
 Name Port of Tillamook Bay
 Address 4000 Blimp Blvd.
 City Tillamook State Oregon Zip 97141

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

(3) DRILL METHOD:
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other Municipal

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval ☐ Yes ☒ No Depth of Completed Well 65 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	20	Bentonite	0	20	23	
6	20	65					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Placed in dry & propped
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	11 1/2	37 1/2	250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
 Final location of shoe(s) 38 1/2

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

	☐ Pump	☐ Bailer	☒ Air	☐ Flowing
	Yield gal/min	Drawdown	Drill stem at	Artesian
	40	45	59	1 hr.

Temperature of water 54 Depth Artesian Flow Found _____
 Was a water analysis done? ☐ Yes By whom _____
 Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Tillamook Latitude _____ Longitude _____
 Township 2S N or S Range 9W E or W. WM.
 Section 4 NW 1/4 SW 1/4
 Tax Lot 5300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

14 ft. below land surface. Date 4-21-09
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 6

From	To	Estimated Flow Rate	SWL
6	7	7	7
29	65	40	14

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Brown Clay	1	4	
Brown Clay w/ sm.	4	—	
+ Med. Gravel	—	15	
Brown Clay w/ sm.	15	—	
Gravel	—	26	
Brown Clay w/ sm.	26	—	
+ Lg. Gravel	—	65	14

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MAY 11 2009

WATER RESOURCES DEPT
 SALEM, OREGON

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 4-21-09 Completed 4-21-09

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

Signed James C. McCoy WWC Number 1221 Date 4-21-09

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				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
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Signed James C. Wiley WWC Number 1221 Date 4-21-09