

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

Amended
TILL 52612

WELL I.D. LABEL# I 123024
START CARD # 1031913
ORIGINAL LOG #

9/14/2016

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company BAYAIR MOBILE HOME PARK
Address 4600 IDAVILLE RD
City TILLAMOOK State OR Zip 97141

(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 MOBILE HOME PARK

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 50.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	35	Bentonite Chips	0	35	22	S
6	35	50				Calculated	15.97
						Calculated	

How was seal placed: Method A B C D E
 Other POURED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

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

(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"/>	2	38	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	6	48	shd40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 38
Temp casing Yes Dia 10 From 1 To 35

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/pipe size
		4	6	48	.5	0.5	170	4

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
38 _____ 42 _____ 1 _____
Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 50 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County TILLAMOOK Twp 1.00 S N/S Range 10.00 W E/W WM
Sec 11 NE 1/4 of the NE 1/4 Tax Lot 900 801
Tax Map Number _____ Lot _____
Lat _____ " or 45.50529021 DMS or DD
Long _____ " or -123.86842702 DMS or DD
 Street address of well Nearest address
4600 IDAVILLE RD\NTILLAMOOK, OR 97141

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 9/6/2016 _____ 25
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/6/2016	38	48	38		25

(11) WELL LOG

Material	From	To
topsoil	0	1.5
brwn clay	1.5	6
brwn clayw/small gravel	6	30
grey claystone w/gravel embedded	30	48
gravel and fine sand	48	50

RECEIVED BY OWRD
OCT 19 2016
SALEM, OR

Date Started 8/29/2016 Completed 9/6/2016

(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 _____ Date _____
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 1956 Date 9/14/2016
Signed JOHN ROSS (E-filed)
Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

TILL 52612

9/14/2016

Map of Hole

