

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER Owner Well I.D. NW
 First Name _____ Last Name _____
 Company Trask River RV Park and Grocery
 Address 26005 Trask River 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 Stil 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 100 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
10	0	31	Bentonite	0	12	13 S
9	31	38			Calculated	5.4
6	38	100	Cement	12	31	18 S
					Calculated	4.9

How was seal placed: Method A B C D E
 Other
 Backfill placed from 31 ft. to 38 ft. Material cement/bentonite
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stil 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"/>	3	40	sch40	<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 31

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type certa-lok Material sch40 pvc

Perf/ Screen	Casing/ Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tel/ pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4	40	100	.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)
50		100	2

 Temperature 52 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 60 ppb

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County TILLAMOOK Twp 1 S 8 N/S Range 8 W 8 E/W WM
 Sec 36 NE 1/4 of the SE 1/4 Tax Lot 400-6800
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.43454429 DMS or DD
 Long _____ " or -123.60581246 DMS or DD
 Street address of well Nearest address
26005 Trask River Rd. Tillamook, Or 97141

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	4-14-2023		14

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 15

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
4-5-2023	15	21	20		5
4-14-2023	50	100	50		14

(11) WELL LOG Ground Elevation _____

Material	From	To
fill	0	2
clay, brown	2	3
clay, brown w/cobbles	3	8
broken rock	8	15
broken rock w/ caving clay & cobbles	15	21
sandstone, grey/green/brown multicolored, hard	21	100

RECEIVED
 Dickerson Well Drilling, Inc.
 503-623-2664
APR 20 2023
OWRD

Date Started 4-5-2023 Completed 4-14-2023
 (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 4-15-2023
 Signed [Signature]

(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 4-15-2023
 Signed [Signature]
 Contact Info (optional) _____

TILL 53275

SW
157V

NESE

RECEIVED
APR 20 2023
OWRD

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