

#4

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

TILL
934

TILL 934

OCT 6 1988

45/10W/30C

(1) OWNER: Well Number: _____
Name PACIFIC CITY WATER DIST.
Address P.O. Box 88
City PACIFIC CITY State OREG. Zip 97135

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Construction approval Yes No Depth of Completed Well 44 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
8"	0 48	CEMENT	0 18	17

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 18 ft. to 48 ft. Material 1/2 x 20 MOUNTAIN SAND
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	11'8"	20'	322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	39'	44'	322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:
 Perforations Method APE SIZE
 Screens Type _____ Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
39'	20'	20		8"	P.S.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
118	11'		20 hr.

Pump Bailer Air Flowing Artesian

Temperature of water _____ 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 45 N or S, Range 10W E or W, WM.
Section 30 SW 1/4 _____ 1/4 _____
Tax Lot 4 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BOB STRAUB STATE PARK

(10) STATIC WATER LEVEL:
8' ft. below land surface. Date 8/22/88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 32

From	To	Estimated Flow Rate	SWL
27	39	118	8'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
LOOSE SAND	0	16	
LOOSE SAND AND GRAVEL	16	19	
LOOSE SAND	19	27	
SAND AND BROWN CLAY	27	32	8
SAND WITH BLUE CLAY AND SILT	32	43	8'
BLUE CLAY	43	45	
SANDY BLUE CLAY AND WOOD	45	48	

Date started 8/9/88 Completed 8/22/88

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
Signed O'Kell WWC Number 462
Date 8/24/88

RECEIVED RECEIVED

AUG 15 1988 JUL 28 1988

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

WATER RESOURCES DEPT.
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address PACIFIC CITY WATER DIST.

Proposed Commencement Date 7/20/88

Proposed Well Depth 50, Diameter 8"
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

Proposed Well Location: County TILLAMOOK
Township 4S (N or S) Range 10E (E or W) Section 30

At least 2 of these must be provided

- _____ 1/4 of _____ 1/4 of above section
- street address of well location BOB STRAUB STATE PARK
- tax lot number of well location LOT # 4
- attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x [Signature]
Owner's Signature
[Signature]
Date 7-21-88

x [Signature]
Bonded Water Well Constructor
License No. 462
Company KELER WELL DRILLING Co.

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Pacific City Joint Water-Sanitary Authority (PCJWSA)
Mailing Address: PO Box 520
City, State, Zip: Pacific City, Oregon 97135
Mail Well ID Tag to: [X] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: Tony Owen
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 4 (North / South) Range: 10 (East / West) Section: 30
Tax Lot: 900 (per OR MAP) County Tillamook 1/4 1/4
GPS Coordinates: Bob Straub State Park
Street Address of Well, City: 2280' N and 2800' E from SW corner of Section 30, NWSW, T4S, R10W (WM)
If the property had a different street address in the past: Above is POD Location per Water Right

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic. PCJWSA ID - Well #6
Date Well Constructed (or property built): 8/22/1988 Total Well Depth: 51' Casing Diameter: 8"
Owner at time the well was constructed (if known): Pacific City Water District (PCWD)
Other Information: PCWD became PCJWSA July 1, 1998. Well Log #TILL 934.

SUBMITTED BY (please print): Tony Owen
PHONE: 503-965-6636 EMAIL &/or FAX: towen@pcjwsa.com 505-965-6056

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:
Received Date: 7-31-15 Well Log Number: TILL 934 Well Identification #: L-118750
RECEIVED BY OWRD

TILL 934



T4S R10W Section 19 Lot 3 Bob Straub State Park

TILL 937

TILL 936

TILL 934

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