

#3

OCT - 6 1988

TILL 936

TILL 936

45/10W/30C

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

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

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

(3) DRILL METHOD
Rotary Air [] Rotary Mud [] Cable [X]
Other []

(4) PROPOSED USE:
Domestic [] Community [X] Industrial [] Irrigation []
Thermal [] Injection [] Other []

(5) BORE HOLE CONSTRUCTION:
Construction approval Yes [] No [X] Depth of Completed Well 51 ft.
Explosives used Yes [] No [X] Type _____ Amount _____

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Row 1: 8" to 18" CEMENT 19

How was seal placed: Method A [] B [] C [X] D [] E []
Backfill placed from 18 ft. to 51 ft. Material MONTEREY SAND
Gravel placed from 18 ft. to 51 ft. Size of gravel 12x30

(6) CASING/LINER:
Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded.
Casing: 8" 18" 34 .322" [X] [] [] []
8" 46 51 .322" [X] [] [] []

Final location of shoe(s) _____

PERFORATIONS/SCREENS:
Screens [X] Method PIPE SIZE Material STAINLESS

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.
Row 1: 1 46 20 8" P.S. [X] []

(8) WELL TESTS: Minimum testing time is 1 hour
Pump [X] Bailer [] Air [] Flowing Artesian []
Yield gal/min 122 Drawdown 21 Drill stem at Time 1 hr.

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 1/4 SW 1/4
Tax Lot 4 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BOB STRAUB STATE PARK

(10) STATIC WATER LEVEL:
0 ft. below land surface. Date 8/9/88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Table with columns: From, To, Estimated Flow Rate, SWL.
Row 1: 36 42 122 8

(12) WELL LOG: Ground elevation _____

Table with columns: Material, From, To, SWL.
Row 1: LOOSE SAND 0 18
Row 2: LOOSE SAND AND GRAVEL 18 20
Row 3: LOOSE SAND (10 TO 12 SLOT) 20 29
Row 4: SAND AND BROWN CLAY 29 36
Row 5: LOOSE SAND (10 TO 12 SLOT) 36 46 8
Row 6: BLUE CLAY 46 48
Row 7: SANDY BLUE CLAY AND WOOD 48 51

Date started 7/26/88 Completed 8/9/88

(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 _____ Date _____ WWC Number _____

(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 [Signature] Date 8/11/88 WWC Number 462

RECEIVED RECEIVED

AUG 21 1988

JUL 21 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. _____ 1/4 of _____ 1/4 of above section
- 2. street address of well location BOB STRAUB STATE PARK
- 3. tax lot number of well location LOT # 4
- 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

x [Signature]
Bonded Water Well Constructor

[Signature]
Date 7-21-88

License No. 462
Company KELLEN WEE 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 (OR MAP. NET) County Tillamook 1/4 1/4
GPS Coordinates: Bob Straub State Park
Street Address of Well, City: 1930' N and 340' 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 #5
Date Well Constructed (or property built): 8/9/1988 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 936.

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 936 Well Identification #: L-118749
RECEIVED BY OWRD

TILL 936



T4S R10W Section 19 Lot 3 Bob Straub State Park

TILL 937

TILL 936

TILL 934

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