



PUBLIC HEALTH DIVISION
Drinking Water Services

Tina Kotek, Governor

Oregon
Health
Authority

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<http://healthoregon.org/dws>

29 March 2024

Ken Hick
Sunset Lake RV Park
PO Box 16756
Portland Oregon 97292

Sent via [email](#)

Re: **Well #2 – L150188**
Sunset Lake RV Park – WS # [00933](#)
Conditional Approval – PR # [160-2023](#)

Mr. Hick:

Thank you for your submittal to the Oregon Health Authority's Drinking Water Services (DWS) of plans after drilling Well 2 for the Sunset Lake RV Park. On 26 March 2024, our office received a well report, a map, and an \$825 fee payment. A DWS hydrologist approved the construction of the well on March 26th.

According to the hydrogeologist, the well's "This well draws water from a shallow unconfined sand aquifer. The well log indicates that water was first encountered at a depth of 56 ft. However, it also indicates that the dominant material present from a depth of 5 ft below ground, down to 56 ft is sand. There are no reported materials between 5 and 56 ft that would be interpreted as being of low permeability or otherwise restrictive of groundwater movement. Therefore, our analysis assumes the aquifer is first encountered at a depth of 5 ft. The static water-level in the well was reported to be 2 ft below ground level. Sensitivity Analysis results suggest that the aquifer is highly sensitive to nearby land use practices due to its shallow unconfined nature and high infiltration potential score."

Also, "Sensitivity Analysis results suggest that this well draws water from a shallow unconfined aquifer that is highly sensitive to nearby potential contaminant sources. The setback distance for GWUDI concern in a sand aquifer is 75 ft [, not 50 ft]. Sunset Lake is about 35 ft from the well. Therefore, water from this well is considered to be susceptible to GWUDI. As a result of there being a GWUDI concern, monthly source assessment monitoring should be required for the first year that this well is connected to the system and in use."

The plans are approved with the following conditions {unless otherwise noted, rule references are from [OAR 333-061-0050...](#) }:

- Assure raw and treated sampling taps exist. (2)(a)(K)(v)
- Assure there is a flowmeter or ability to measure total output. (2)(a)(K)(xii)
- Assure the depth of the static/pumped water in the well is measurable. (2)(a)(K)(iv)
- Assure the total output can be pumped to waste. (2)(a)(K)(vi)
- Well casing should vented with a screened downward facing vent. (2)(a)(K)(iii)
- Assure wellhouse allows pump removal. (2)(a)(K)(xii)
- If site is prone to flooding from nearby Sunset Lake well casing must be raised.
 - Consider flooding could be higher than in centuries past now. (2)(a)(F)
- The concrete slab is properly drained. (2)(a)(K)(ix)
- All items in contact with potable water must meet NSF Standard 61. 333-061-0087(5)
- A [Land Use Compatibility Statement](#) signed by Clatsop County must be submitted prior to the project receiving final approval.
- One-time, raw water (*i.e.*, at the wellhead, before treatment) monitoring requirements for a Community water system' new well follow. Results needed before final approval:
 - Synthetic Organic Compounds (SOCs)
 - Volatile Organic Compounds (VOCs)
 - Inorganic Compounds (IOCs)
 - Radiologicals (Gross alpha, Radium 226/228, & Uranium)
 - Coliform

I also have the following comments:

- Monthly assessment sampling for coliform must be conducted for one year starting now. This sampling must be taken at the raw water sample tap of the well, prior to any treatment. The sampling does not replace the required quarterly coliform sampling in the distribution system. Please note that the lab form for the monthly assessment

sampling should be filled out as indicated below:

DISTRIBUTION Sample Type: <input type="checkbox"/> Routine <input type="checkbox"/> *Repeat <input type="checkbox"/> Temporary Routine <input type="checkbox"/> Special	
*Date of Initial Positive: <u> </u> / <u> </u> / <u> </u> MM / DD / YYYY	*Original Positive ID#: _____
Address: _____	Sampled at (ex. "SINK"): _____
SOURCE Sample Type: <input type="checkbox"/> *Triggered <input type="checkbox"/> *Confirmation <input checked="" type="checkbox"/> Assessment <input type="checkbox"/> Special	
*Date of Initial Positive: <u> </u> / <u> </u> / <u> </u> MM / DD / YYYY	*Original Positive ID#: _____
Source ID: SRC- _____	Source name (ex. "WELL #1"): _____

TABLE ONLY

- Note that lead and copper sampling was increased to two six-month demonstration rounds on July 1st. Ten (10) standard monitoring sites per round, including water quality parameters pH and alkalinity. Use this form – [EPA 141-A](#) – to identify the five new sites required.
 A new source necessitates this monitoring increase from triennially to semi-annually until the new well demonstrates its lack of corrosivity.
- Please submit information that demonstrates how the water system meets OAR 333-061-[0050\(5\)\(e\)](#): “Provisions shall be made to alert the water supplier before the chlorine supply is exhausted.” This requirement can be satisfied by either installing a low-level alarm or by creating a procedure to check the tank daily.
- Water rights may be required for your water system, depending on how much water is utilized out of each well per day. Oregon’s Water Resources Department regulates water rights and can be contacted at (503) 986-0900. Copies of water right permits or exemptions should be provided to DWS.

Until we receive verification that the conditions have been met and final approval has been issued, Well #2 is not approved for use. Upon completion of the project, the engineer must verify in writing that construction was completed according to the submitted plans. If substantial changes are made, a set of as-built drawings must be submitted. Documentation demonstrating how the above conditions were met should reference Plan Review #160-2023 and can be emailed to me at peter.r.farrelly@oha.oregon.gov or mailed to:

Attn: Pete Farrelly
OHA-Oregon Drinking Water Services
PO Box 14450
Portland, OR 97293-0450

If you have any questions, please feel free to call me at 971.201.6428.

Sincerely,

A handwritten signature in black ink on a light blue background. The signature is cursive and reads "Pete Farrelly".

Pete Farrelly, PE
Regional Engineer
Drinking Water Services

cc: Meredith Reilly, Clatsop County HD
Tommy Laird, Well Construction Program Coordinator, WRD