

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

SEP 18 2001

WATER RESOURCES DEPT.

WELL I.D. # L. NONE
START CARD # 105679

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name CHARLES JOHNSON Well Number 2
Address PO BOX 1945
City PORT ORFORD State OR Zip 97465

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 0 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds
10 0 20 CEMENT 0 20 11

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: _____
Liner: _____

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
0 _____ 20 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 CURRY Latitude _____ Longitude _____
Township 32 N of S Range 15 E of W. M.
Section 33 SE 1/4 SW 1/4
Tax Lot 304 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 42257 CEDAR HOLLOW
PORT ORFORD OR 97465

(10) STATIC WATER LEVEL:
NONE ft. below land surface. Date 8-24-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found NONE

From	To	Estimated Flow Rate	SWL
<u>NONE FOUND</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>CLAY W/BROKEN</u>			
<u>BOX</u>	<u>0</u>	<u>19</u>	
<u>BLACK CLAYSTONE</u>	<u>19</u>	<u>20</u>	
<u>ABANDONED WITH PORTLAND CEMENT</u>			

Date started 8-24-01 Completed 8-24-01

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1609
Signed [Signature] Date 9-17-01