

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 34764
START CARD # 105677

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

(1) LAND OWNER Well Number 1
Name JOHN L NIEHAUS
Address 17470 HEALDSBURG
City HEALDSBURG State CA Zip 95448

(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 59 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	18	BENTONITE	18	59	12	
6"	18	59					

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

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:	6"	12	50	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☒ Screens Type TELE Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
49	59	1006	10'	5 5/8"	6	☒	☐
						☐	☐
						☐	☐
						☐	☐

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

	Yield gal/min	Drawdown	Drill stem at	Time
☐ Pump				
☐ Bailer				
☒ Air	2		59	1 hr.
☐ Flowing				
☐ Artesian				

Temperature of water 52° 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 33 N or S Range 10 E or W M.
Section 3 NW 1/4 SW 1/4
Tax Lot 405 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 41919 N. Fork HUBBARD CRK RD PORT ORFORD OR

(10) STATIC WATER LEVEL:

26 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
26	58	2 GPM	26

(12) WELL LOG:

Material	From	To	SWL
TOP SOIL	0	2	
TAN SANDY CLAY	2	8	
BROWN CLAY	8	12	
CEMENTED SANDY CLAY	12	17	
TAN SANDY CLAY	17	58	26
BLACK CLAYSTONE	58	59	

RECEIVED

SEP 18 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-19-01 Completed 8-20-01

(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Tom WWC Number 1604 Date 9-17-01