CURR 51184

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

WELL I.D. # L 68509
START CARD # 157257

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

(1) LAND OWNER Well Number 68509
Name ROB SNYDER
Address PO BOX 1424
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 HAND DUG

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

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
57"	0	1'	CONCRETE	0	1'	12 SACKS
48"	1'	3'	–			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED FROM TOP
Backfill placed from – ft. to – ft. Material
Gravel placed from – ft. to – ft. Size of gravel

(6) CASING/LINER: CONCRETE WELL TILE

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	42"	+1'	3'		☐	☐	☐	☐
	CONCRETE WELL TILE				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS: NONE
☐ 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 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5 GPM	TOTAL	–	1 hr.

Temperature of water 51° Depth Artesian Flow Found –
Was a water analysis done? NO ☐ Yes By whom
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County CURRY Latitude – Longitude –
Township 32S N or S Range 15W E or W. WM.
Section 33 SE 1/4 NW 1/4
Tax Lot 303 Lot – Block – Subdivision –
Street Address of Well (or nearest address) 42259 CEDAR Hollow RD PORT ORFORD, OR 97465

(10) STATIC WATER LEVEL:
1 ft. below land surface. Date 10/9/04
Artesian pressure ____ lb. per square inch Date

(11) WATER BEARING ZONES:
Depth at which water was first found 1'

From	To	Estimated Flow Rate	SWL
1'	3'	.5	

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
TOP SOIL DK BROWN	0	1'	
SAND/CLAY, TAN	1'	2'	
SAND, TAN, FINE	2'	3'	

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Date started 10/8/04 Completed 10/9/04

(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 1685
Signed Jon Cooper Date 10/9/04

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ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER