

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

*KLAMATH*  
 10853  
**OCT 25 1993**  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

*38S/8E/1cc*  
 (START CARD) # *3918*

(1) OWNER: Wayne Robotcek  
 Well Number: #1  
 Name: WAYNE ROBOTCEK  
 Address: 1519 OREGON AVE  
 City: KLAMATH FALLS State: ORE Zip: 97601

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other

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

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval Yes No  Depth of Completed Well 200 ft.  
 Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
9 7/8	0 57	CEMENT	0 57	22 SKS
6	57 200			

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
6 9/8	+2	58	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_  
 Final location of shoe(s) 50 FEET

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60		200	1 hr.

Temperature of water 68°F Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes  No 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 KLAMATH Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 38S N or S, Range 8E E or W, WM.  
 Section 1 SW 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot 1 Block 8 Subdivision TRACT 1016  
 Street Address of Well (or nearest address) 5931 VALLEY VIEW LN K FALLS ORE

(10) STATIC WATER LEVEL:  
108 ft. below land surface. Date 10/19/93  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
198	200	60	

(12) WELL LOG: \_\_\_\_\_ Ground elevation \_\_\_\_\_

Material	From	To	SWL
Boulders & sand on clay topsoil	0	5	
YELLOW SHALE	5	18	
YELLOW CLAY	18	57	
GREEN CLAY	57	58	
GRAY CLAY	158	170	
HARD GRAY SHALE	170	198	
BLACK BASALT	198	200	

Date started 10/19/93 Completed 10/19/93

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
 Date \_\_\_\_\_

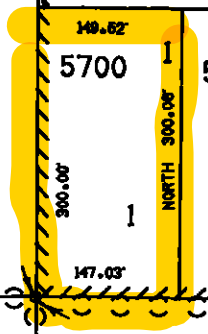
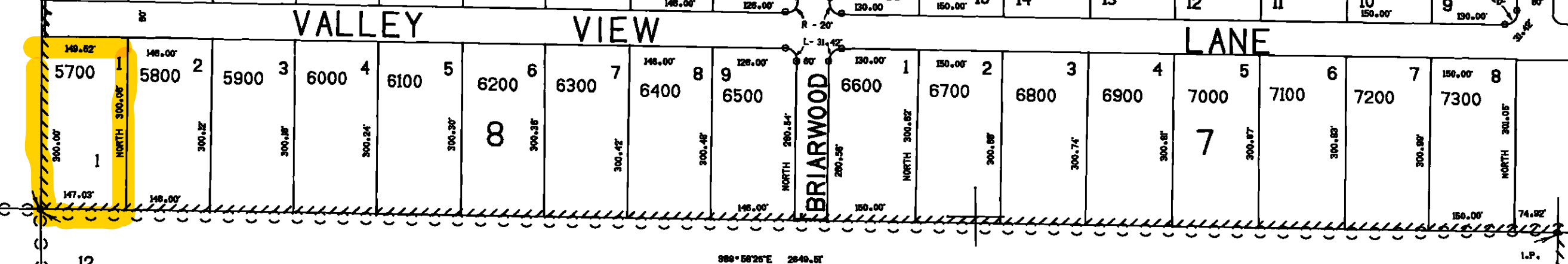
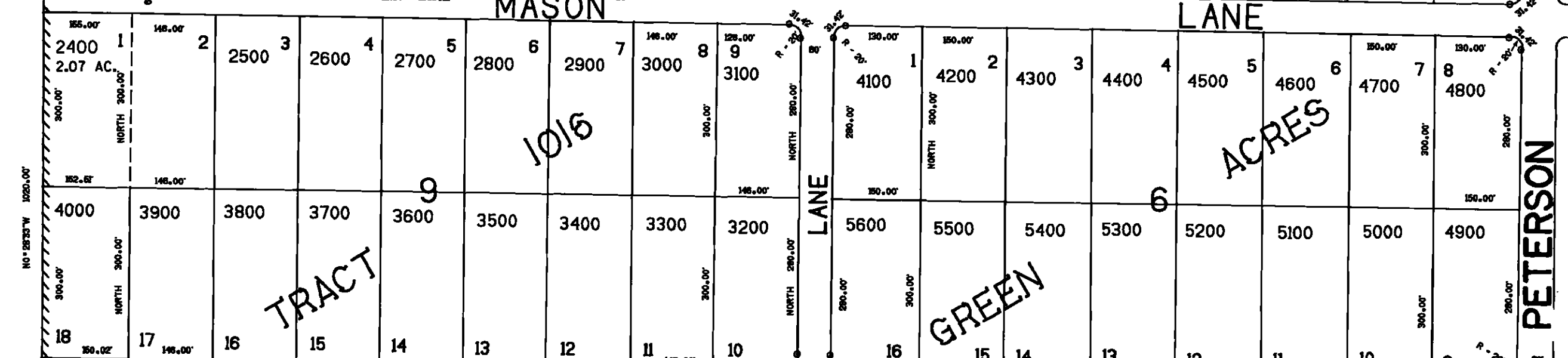
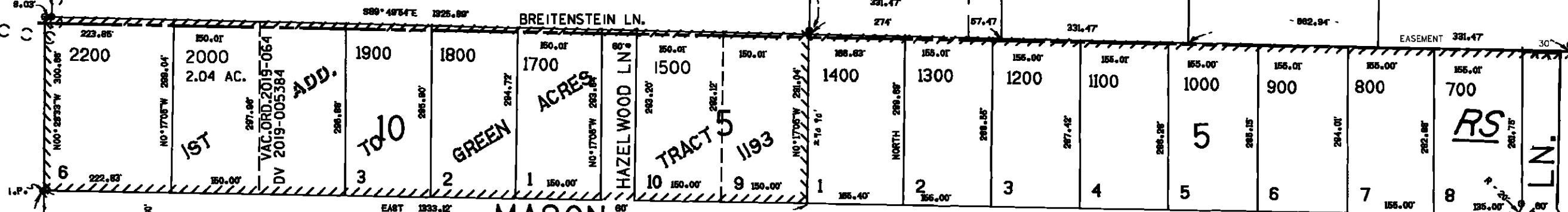
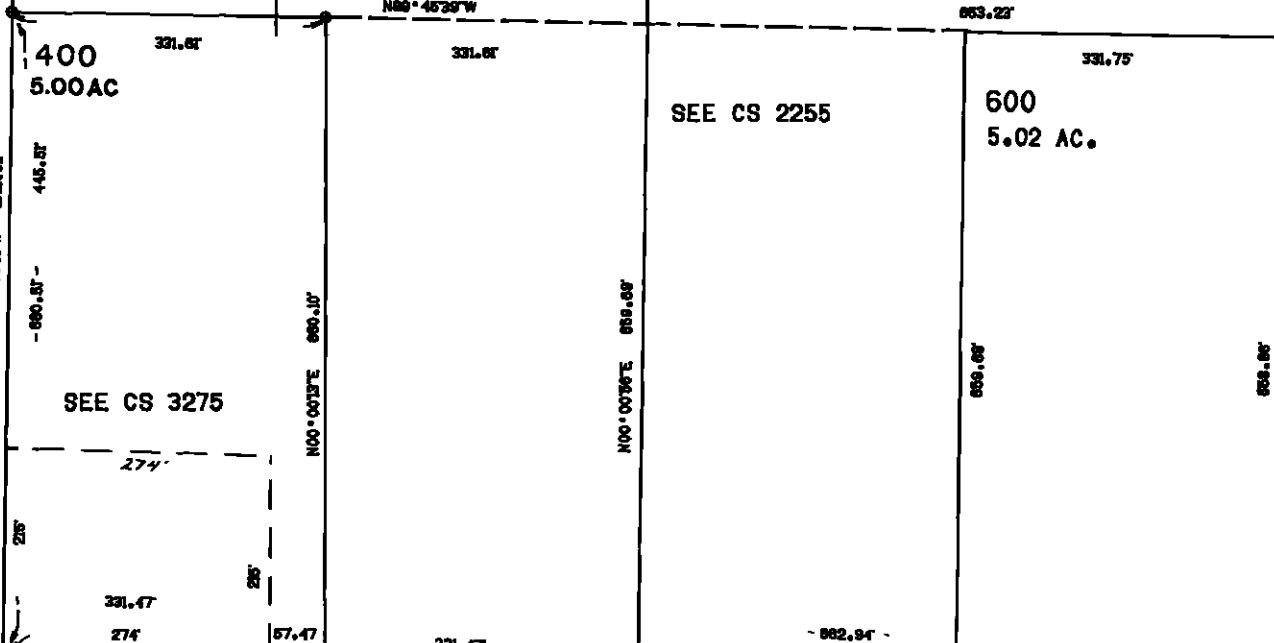
(bonded) Water Well Constructor Certification:  
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.  
 Signed [Signature] WWC Number 601  
 Date 10/21/93

SEE CS 2082

SEE MAP 39 08

SEE MAP 39 08 01D

4



888° 58'26"E 2848.5'

SEE MAP 39 08 12B