

17

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.785)

Authorized
Klamath
10395

RECEIVED

FEB 25 1992

39S/11E/11db

WATER RESOURCES DEPT. (START CARD) # 32787

(1) OWNER: Well Number: 81111
Name: **LESLIE MCKRIDGE**
Address: **17211 CARFAX**
City: **BELLEFLOWER** State: **CA** Zip: **90706**

(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 **303** ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20	0	138	CEMENT & BENT.	0	138	107SAC
16	138	303				1SACK

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 _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	16"	+1	139	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: **139 FT.**

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min: 1000, 1400, 1500
Drawdown: _____
Drill stem at: 95', 118', 120'
Time: 2 hr, 2 hr, 2 hr

Temperature of water: **62 F** 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: **SURFACE**
Depth of strata: **5-8 FT.**

(9) LOCATION OF WELL by legal description:
County: **KLAMATH** Latitude _____ Longitude _____
Township: **39 S** N or S. Range: **11 E** E or W. WM.
Section: **11** NW 1/4 SE 1/4
Tax Lot: **800** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): **34106 McCARTIE LN BONANZA, OR**

(10) STATIC WATER LEVEL:
16 FT. ft. below land surface. Date: **2-5-92**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found: **5 FT.**

From	To	Estimated Flow Rate	SWL
130 FT.	138 FT.	100 GPM	16
163 FT.	183 FT.	600 GPM	16
183 FT.	240 FT.	500 GPM	16
268 FT.	305 FT.	800 GPM	16

(12) WELL LOG: Ground elevation **4100**

Material	From	To	SWL
SANDY TOP SOIL	0	2	
SANDY BROWN CLAY	2	5	
BROWN SAND	5	8	5
YELLOW CLAY	8	12	
SANDY BLUE CLAY	12	28	
BLUE CLAYSTONE	28	40	
BLACK SANDSTONE	40	69	16
BLUE CLAYSTONE	69	73	
BROWN & RED SANDSTONE	73	79	16
BLUE CLAY	79	114	
BLACK SANDSTONE	114	121	16
BLUE CLAYSTONE	121	130	
WHITE PUMICE	130	138	16
BLUE CLAYSTONE	138	163	
BLACK SANDSTONE	163	168	16
BLUE ROCK	168	174	16
BROWN SANDSTONE	174	183	16
BROWN & BLACK LAVA ROCK	183	234	16
BLACK & BROWN CINDER	234	240	16
GRAY CLAY	240	268	
BLACK LAVA ROCK	268	275	16
BLUE CLAYSTONE	275	279	
BROKEN BL. ROCK & CINDERS	279	305	16

Date started: **1-22-92** Completed: **2-5-92**

(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 _____ Date _____ WWC Number _____

(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 *Norm Sorey* Date _____ WWC Number **408**

T 11124

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

RECEIVED

MAY 27 1992

39S/11E/3dd
 2996

(START CARD) #

(1) OWNER:
 Name CHARLES MASTEN
 Address RT 2 BOX 22
 City BENTON State ORE Zip 97623

Well Number: WATER RESOURCES DEPT. #7
 LOCATION OF WELL by legal description:

County CLATSOP Latitude _____ Longitude _____
 Township 39S Nor S. Range 11E E or W. WM. _____
 Section 3 SE 1/4 SE 1/4
 Tax Lot R-3911-00300-01400-000 Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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 150 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
	22 0 92	CONCRETE	0 92	RS	525
	16 92 119				
	12 1/4 119 150				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	16 1/2	+1	92	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 92 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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 2000 Drawdown 1 foot Drill stem at _____ Time 4 hr.
 Temperature of water 65° F. 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: _____

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 5/5/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 92 Feet

From	To	Estimated Flow Rate	SWL
92	150	2000 GPM	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SANDY CLAY TOPSOIL	0	4	
YELLOW SANDY CLAY	4	12	
GREY CLAY	12	64	
BLACK SANDSTONE	64	89	
BLACK BASALT	89	91	
DECOMPOSED BROWN LAVA & RED CLINDERS	91	100	
HARD BLACK BASALT	100	106	
BROKEN BROWN LAVA & RED CLINDERS	106	119	
HARD BLACK BASALT	119	127	
BROKEN DECOMPOSED BROWN LAVA & RED CLINDERS	127	148	
BROKEN HARD BROWN LAVA	148	150	

Date started 4/29/92 Completed 5/5/92

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 601
 Signed [Signature] Date 5/25/92