

Approved:



MEMO

To: Kristopher Byrd, Well Construction Manager
From: Tommy Laird, Well Construction Program Coordinator
Subject: Review of Water Right Application G-19311
Date: March 5, 2025

The attached application was forwarded to the Well Construction Section by the Groundwater Section. Grayson Fish reviewed the application. Please see Grayson's Groundwater Review and the Well Report.

Applicant's Well #1 (KLAM 13269): Based on a review of the Well Report and on a discussion with the Groundwater Section, Applicant's Well #1 seems to protect the groundwater resource.

The construction of Well #1 may not satisfy hydraulic connection issues.

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

RECEIVED
 AUG - 4 1986
 KLAMATH 13269
 39S/10E-27ab

(1) OWNER: Owner's Well Number: _____
 Name William Turnock
 Address 4735 S.W. Oak Ridge
 City Lake Oswego. State OR. Zip 97034

(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 test

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 654 ft.
 Special Standards date of approval none

Diameter	HOLE		SEAL		Amount sacks or pounds
	From	To	Material	To	
12"	0	46	cement	0	15 sacks
8"	46	654			

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:	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					XX									
	8"	+1	47'	.250	XX						XX			
Liner:	none													

Final location of shoe(s) no shoe used

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
185	600	600	1 hr
55	55	55	1 hr

Temperature of water 57 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: 547

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39 south N or S, Range 10 east E or W, WM.
 Section 27 NW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Crystal Springs RD.

(10) STATIC WATER LEVEL:
 _____ 45 ft. below land surface. Date 7,1,86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation 4000

Material	From	To	WB?	SWL
Top soil & boulders	0	3		
Brown clay & gravel	3	5		
Yellow clay	5	45		
Blue clay	45	203		
Blue clay with streaks of black sand	203	207		
Blue clay	207	280		
Blue clay with streaks of black sandstone	280	356		45'
Blue claystone	356	408		
Blue claystone with streaks of black sand	408	415		45'
Blue claystone	415	421		
Coarse sand & gravel	421	425		
Blue claystone	425	543		
White pumice	543	547		45'
Blue clay	547	649		
Black rock (hard)	649	654		

Date started 6, 18, 86 Completed 7,1,86

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Norm Sevey Date 7,31,86
 Company Norm Sevey Well Drilling Job No. _____