

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL ID. # L

START CARD #

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

(1) LAND OWNERWell Number 1055

Name David Francisco
 Address 1111 MEYRMAN DRIVE
 City Klamath Falls State OR Zip 97603

(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 199'Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL				Sacks or pounds
Diameter	From	To	Material	From	To	Material		
10"	0	37	Cement	0	199	5% Bent		4000 #
6"	37	199						

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
Casing:	6"	4	39	250	☒	☐	☒	☐
	(Removed)				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 39'-2" (Removed)**(7) PERFORATIONS/SCREENS:**☐ Perforations Method N/A☐ 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
- 1/4 GPM	—	199	1 hr.

Temperature of water 54° Depth Artesian Flow Found _____Was a water analysis done? ☐ Yes By whom MAY 12 2005Did any strata contain water not suitable for intended use? ☐ Too little☐ Salty ☐ Muddy ☐ Odor ☐ Color

Depth of strata _____

WATER RESOURCES DEPT
SALEM, OREGON

Bandon Well & Pump Company

(9) LOCATION OF WELL by legal description:County Curry Latitude _____ Longitude _____Township 37 N or S Range 14 E or WSection 18 SE 1/4 NE 1/4Tax Lot 2312 Lot _____ Block _____ Subdivision _____Street Address of Well (or nearest address) 94750 Laurel Lane
GOLD BEACH**(10) STATIC WATER LEVEL:**106' ft. below land surface.Date 5/5/05

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:Depth at which water was first found 107

From	To	Estimated Flow Rate	SWL
107	199	- 1/4 GPM	106

(12) WELL LOG:Ground Elevation +1-1000'

Material	From	To	SWL
Clay brn w/ Green serpentine lenses	0	15	
Serpentine blue green	15	20	
Claystone w/ sandstone lenses iron streak	20	25	
Clay stone Gray	25	30	
Sandstone Gray	30	38	
Claystone Gray brown	38	45	
Sandstone Gray	45	53	
Claystone Dark brown	53	65	
Claystone DK. Brn w/ Quartz	65	71	
Sandstone Lt Gray w/ Quartz	71	77	
Sandstone gray green w/ Basalt grey + Quartz	77	95	
Green Chist w/ sandstone green + Quartz	95	107	106
Sandstone green gray w/ Quartz	107	123	
Claystone DK brn w/ Chist green + Sand	123	130	
green Chist w/ sandstone + Quartz lenses	130	159	
Sandstone Gray w/ Quartz	159	164	
Claystone DK Brn (caving)	164	190	
Claystone DK Brn w/ brn + gray	190	199	
Sandstone lenses			

Date started 5/2/05 Completed 5/9/05**(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 1493Signed Jim Mack Date 5/10/05