

MAY 25 1990

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

WATER RESOURCES DEPT.  
SALEM, OREGON

KLAM  
10033

(START CARD) # 17079  
39S/7E/25 00

(1) OWNER: Well Number: \_\_\_\_\_  
Name Luke Klaja  
Address 9110 Ben Kerns Rd.  
City Klamath Falls, State OR 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 175 ft.  
Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL Amount  
Diameter From To Material From To sacks or pounds

Diameter	From	To	Material	From	To	Amount

How was seal placed: Method  A  B  C  D  E  
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:					<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"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(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 Drawdown Drill stem at Time  
40 170 1 hr.

Temperature of water 58 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  Yes 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 39S N or S, Range 7E E or W, WM.  
Section 25 SW 1/4 NE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 9110 Ben Kerns Rd., Klamath Falls, OR 97601

(10) STATIC WATER LEVEL:  
51 ft. below land surface. Date 5/14/90  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL

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

Material	From	To	SWL
Brn & Gray bubbly lava	130	143	
Gray broken lava	143	146	
Brown & gray lava with layers of sand	146	149	
Black broken lava	149	175	

Date started 5/14/90 Completed 5/14/90

(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 Gary D. Spain WWC Number 1228  
Date 5/22/90