

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

**KLAMATH
10173**

KLAM 10173
MAY 6 1991

39S/11E/10bb
20021

(START CARD) # 20021

(1) OWNER: Well Number: _____
Name George + Carol Kosten
Address PO Box 304
City Bonanza State OR Zip 97623

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	38'	Cement	0	38'	15 Sacks
6"	38'	22'				

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
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6"	18'	38'	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoets) _____

(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
 Pump Bailer Air Artesian
Yield gal/min Drawdown Drill stem at Time
12 0 1 hr.
12 0 4 hrs.

Temperature of water 53° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom Klamath Environmental
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 11E E or W, WM.
Section 10 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 4-24-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 44'

From	To	Estimated Flow Rate	SWL
<u>44'</u>	<u>82'</u>	<u>60 GPM</u>	<u>19'</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>4</u>	
<u>Brown Clay</u>	<u>4</u>	<u>18</u>	
<u>Blue Clay</u>	<u>18</u>	<u>32</u>	
<u>Grey Basalt</u>	<u>32</u>	<u>44</u>	
<u>Broken Brown Basalt</u>	<u>44</u>	<u>82</u>	<u>19'</u>

Date started 3-26-91 Completed 4-24-91

(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 M. Wright WWC Number 1452
Date 4-29-91

(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 Randy Kancellor WWC Number 683
Date 4-29-90

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 3/27/91
Date Hand-delivered _____
Watermaster Initials Dusk

W. 20021
WRD Receipt _____
Date Fee Received _____

MAR 28 1991

WATERMASTER

CHECK NO. _____

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A **\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well** (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address George + Carol Kasten
P.O. Box 304
Bonanza, Oregon 97623

Check type of work: Fee Required New construction Conversion No Fee Required Repair Deepening Recondition Abandonment

Proposed Commencement Date 3-26-91 Existing or Proposed Well Depth 68' Diameter 6"

Check Use: Domestic Community Industrial Irrigation Monitoring Thermal Injection Other _____

Proposed Well Location: County Klamath Owner's Well Id. No. _____

Township 39S (N or S) Range 11E (E or W) Section 010CB

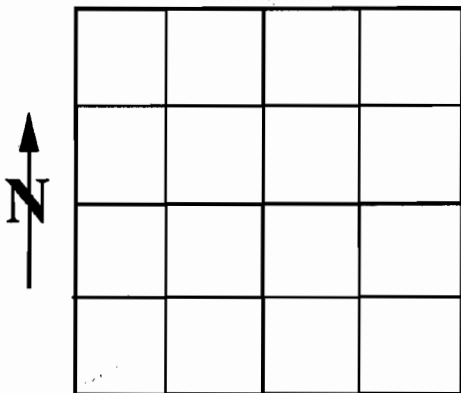
1. NW 1/4 of NW 1/4 of above section

2. Street address of well location 31771 Hwy 70
Bonanza

3. Tax lot number of well location Lot 24 Bl 60
Grand View Add.

4. Attach map with location identified.
(See reverse of this form for approved maps)

5. Show well location within 1/4, 1/4 of section grid at left.



We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

George W. Kasten
Owner's signature

Roger Chancellon
Bonded Water Well Constructor

Owner
Title

License No. 693

545-6663
Home phone

3-26-91
Date
Work phone

Company Roger Chancellon Well-Drilling

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO DISTRICT WATERMASTER