

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

KLAM 10175

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MAY 6 1991

395/12E/35aa

(START CARD) # 26527

(1) OWNER:

Name Charles Cheyne Well Number: _____
 Address 10057 E. Langell Valley Rd.
 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 465 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
17"	0	171'	Cement	0	171'	130 Sacks
12"	171	230				
8"	230	465				

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: 12"	0	171	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 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"/>
						<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
1700	165		1 hr.
1000	155		3 hours

Test By Valley Pump

Temperature of water 54° 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: _____

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____
 Township 39S N or S. Range 12E E or W. WM.
 Section 35 NE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

98 ft. below land surface. Date 4-16-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 70'

From	To	Estimated Flow Rate	SWL
70'	108'	10 GPM	46'
185'	405'	3,000 GPM	98'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	0	5	
Brown Sandstone	5	20	
Brown Shale	20	26	
Hard Brown Sandstone	26	48	
Hard Brown Shale	48	70	
Light Brown Clay	70	108	
Blue Clay	108	120	
Brown Shale	120	129	
Hard Blue Sandstone	129	165	
Hard Grey Basalt	165	185	
Broken Basalt w.B.	185	290	98'
Softer Brown Rock	290	295	98'
Hard Basalt	295	337	98'
Brown Basalt	337	395	98'
Brown Basalt + Sand (w.B.)	395	405	98'
Blue Shale	405	465	

Date started 4-2-91 Completed 4-16-91

(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 [Signature] WWC Number 1452
 Date 4-30-91

(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 [Signature] WWC Number 693
 Date 4-30-91