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38S/9E/32 bc

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

MAY 14 1991

(START CARD) # 19845

WATER RESOURCES DEPARTMENT LOCATION OF WELL by legal description:

(1) **OWNER:**
Name City of Klamath Falls
Address P.O. Box 237
City Klamath Falls State OR Zip 97601

Well Number: 20

County Klamath Latitude _____ Longitude _____
Township 38S N or S, Range 9E E or W, WM.
Section 32 SW 1/4 of NW 1/4
Tax Lot 3500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 530 Conger Ave.
Klamath Falls, OR 97601

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(10) **STATIC WATER LEVEL:** Fluctuated depending on what nearby wells were operating.
0-4 ft. below land surface. Date 3/10/91
Artesian pressure _____ lb. per square inch. Date _____

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable
 Other Reverse circulation rotary

(11) **WATER BEARING ZONES:**
Depth at which water was first found 10 ft.

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) **BORE HOLE CONSTRUCTION:**
Special Construction approval Yes No
Yes No
Explosives used Type _____ Amount _____
Depth of Completed Well 219 ft.

From	To	Estimated Flow Rate	SWL
Most all broken, fractured or caving basalt		see (8)	see(10)

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
24	0 140	Cement	0 120	270 sks
20	140 219	Holeplug bentonite	120 125	10 sks + Gravel
		w/gv1		

(12) **WELL LOG:** Ground elevation Approx. 4100

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 125 ft. to ? ft. Size of gravel 3/4 - 1 1/4

Material	From	To	SWL
See attached sheet			

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
20	+3	219	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
24	111	116	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Final location of shoe(s) 24"@116'; 20"@219'

Date started 10/24/90 Completed 4/13/91

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Mills knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
125	215	.3x3	2100			<input checked="" 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 Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
See attached sheet from 1 hr.
Valley Pump & Equipment Co.

(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.
David Donnell WWC Number 806
Signed _____ Date 5/10/91

Temperature of water 68°F 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: _____

(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.
Stephen Schmidt WWC Number 649
Signed _____ Date 5/10/91

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WATER RESOURCES DEPT.
SALEM, OREGON

City of Klamath Falls
Well No. 20
by Schneider Drilling Co.
S.C. #19845

<u>From</u>	<u>To</u>	<u>Description</u>
0	3	Top soil, black
3	10	Clay, brown & basalt rocks
10	20	Basalt boulders, 2'- & clay, dark brown
20	23	Basalt, red & black & clay, brown
23	28	Clay & claystone, red & brown w/basalt gravel, blk & brn
28	34	Clay & claystone, red with gravel, 1"-
34	47	Clay & claystone, brown
47	57	Clay & claystone, brown w/ occ. basalt bldr.
57	59	Claystone, tan & clay, brown
59	65	Basalt, broken, weathered & clay, brown
65	69	Basalt, broken, weathered, brown, black & red
69	93	Basalt, broken, red, brn & blk with clay, brown
93	112	Basalt, reddish brown with clay, brown
112	115	Basalt, dk brown, fractured with some clay, brown
115	117	Basalt, dk brown, hard
117	120	Basalt, brown & black, med-hd with some clay
120	134	Basalt, brown with some clay, brown (caving)
134	142	Basalt, brown (caving)
142	158	Basalt, brown with clay, (caving)
158	163	Basalt, brown (caving)
163	177	Basalt, brown (caving) & some grey
177	184	Basalt, brown (caving)
184	196	Basalt, brn, brkn, loose w/some clay, brn (caving)
196	206	Basalt, brn, sft (cvg), sme gry, hrd, frc, (hrd gry lns @201')
206	214	Basalt, brown-grey, med, frac, (caving below 211')
214	219	Basalt, brown w/grey (caving), some clay/claystone

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WATER RESOURCES DEPT.
SALEM, OREGON

IF IT'S A PUMP PHONE 884-9776

ARTHUR E. FARR, OWNER

VALLEY PUMP & EQUIPMENT CO.

7364 SOUTH SIXTH ST.

KLAMATH FALLS, OREGON 97601

CUSTOMER

City of Klamath Falls

DATE: April 12 1991

ADDRESS

TIME	GPM	PUMPING LEVEL	TEMPERATURE
10:00	Started Pumping		
11:00	1700	58	69
11:20	1650	110	68
11:25	Breaking Suction at 110'		
11:30	Surging well to work out cuttings	to 2:00 PM	
2:00 PM	Maximum yield 1650 GPM @ 110'		
2:00	Stopped Pumping		
<i>Arthur E Farr</i>			