

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

**KLAMATH**  
**10236**

23S/6E/17 CB

(START CARD) # 32764

(1) OWNER: SHELTER COVE RESORT Well Number: \_\_\_\_\_  
 Name SHELTER COVE RESORT  
 Address WEST ODELL LAKE Rd Hwy 58  
 City CASCADE SUMMIT State ORE Zip 97425

(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 71 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	25	CEMENT	0	25	25
6"	25	71				

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/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:	6"	25	71	1250	<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 sheets: 71'

(7) PERFORATIONS/SCREENS:

Perforations Method Torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
66	71	1/16	30	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 40gpm Drawdown 39'-8" Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 46° Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom 710  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: 2'

(9) LOCATION OF WELL by legal description:  
 County KLAMATH Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 23S North Range 6 East of W. W.M.  
 Section 17 NW 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME AS OWNER

(10) STATIC WATER LEVEL:  
5'-4" ft. below land surface. Date 7-30-91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 26'

From	To	Estimated Flow Rate	SWL
26	30	20 gpm	7
45	48	37 gpm	6
69	71	40 gpm	5'-4"

(12) WELL LOG: Ground elevation 4800

Material	From	To	SWL
Pumny	0	5	0
CEMENTED GRAVEL	5	26	
AND boulders	5	26	
SAND & GRAVEL	26	30	7
CEMENTED GRAVEL	30	37	0
SAND, FINE, BROWN	37	38	0
CEMENTED GRAVEL	38	45	0
SAND & GRAVEL	45	48	6
CEMENTED SAND	48	51	0
CLAY, RED	51	69	0
CINDER, Red + Black	69	71	5'-4"
LAVA	71		

**RECEIVED**

AUG - 6 1991

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 7-20-91 Completed 7-30-91

(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.  
 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 well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 639  
 Signed Gerald W. Moon Date 8-3-91