

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

Klamath
10252

AUG 13 1991

395/11/2E/29 CA

(START CARD) # 20038

(1) OWNER:

Name LOST RIVER LAND
 Address 25400 N. POE VALLEY RD.
 City KLAMATH FALLS State OREGON Zip 97601

WATER RESOURCES DEPT. OREGON
(9) LOCATION OF WELL by legal description:

County KLAMATH Latitude _____ Longitude _____
 Township 39S N or S. Range 11E E or W. WM.
 Section 25 NE 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 25400 N. POE VALLEY RD. K. FALLS OREGON

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18.5	0	41	CONCRETE	0	41	18 SACKS

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				Welded		Threaded	
					Plastic	Welded	Threaded	Welded	Threaded	Welded	Threaded	
	16	41	41	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoes? 41 FEET

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300		543	1 hr.

Temperature of water 56°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: _____

(10) STATIC WATER LEVEL:

41 ft. below land surface. Date 8/2/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	186	IRREGULAR	41

(12) WELL LOG:

Material	From	To	SWL
TOPSOIL & GRAVEL	0	3	
YELLOW CHALK	3	37	
GRAY CLAY	27	33	
CHALK LOCK	33	37	
GRAY CLAY	37	144	
BLACK SANDSTONE	144	160	
HAND BROKEN BLACK BASALT	160	186	
HAND BLACK ASH	186	237	
HAND BROKEN BLACK BASALT	237	312	
BLACK BASALT	312	330	
HAND BROKEN BLACK BASALT	330	338	
BLACK BASALT	338	342	
HAND BLACK BASALT	342	465	
BLACK BASALT	465	512	
GRAY SHALE	512	516	
BLACK BASALT	516	525	
GRAY BASALT	525	537	
BLACK ASH	537	543	

Date started 7/19/91 Completed 8/2/91

(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 601
 Signed _____ Date 8/3/91