

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

Klamath
10326

OCT 18 1991

365/12E-6dc
29190

(START CARD) #

(1) OWNER:

Name *JOHN L. POUTOUS* Well Number: *WAT*
 Address *PO Box 840*
 City *CHILDOQUIN* State *ORE* Zip *97624*

(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 *1011* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>17 1/2</i>	<i>0</i>	<i>139</i>	<i>CEMENT</i>	<i>0</i>	<i>139</i>	<i>135 SKS</i>
<i>10</i>	<i>139</i>	<i>1011</i>				

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	Material			
					Steel	Plastic	Welded	Threaded
Casing:	<i>12 3/4</i>	<i>+1.5</i>	<i>139</i>	<i>290</i>	<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 shoets) *139 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"/>
						<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
<i>1400</i>	<i>120</i>		<i>4 HRS</i>

Temperature of water *50°F* Depth Artesian Flow Found *UNK.*
 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 *36S* N. or S. Range *12E* E or W, WM.
 Section *6* SW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) *DAVE'S RD.*
SPRASUE AVENUE, OREGON

(10) STATIC WATER LEVEL:

N/A ft. below land surface. Date _____
 Artesian pressure *10* lb. per square inch. Date *9/19/91*

(11) WATER BEARING ZONES:

Depth at which water was first found *INDETERMINATE*

From	To	Estimated Flow Rate	SWL
<i>139</i>	<i>1000</i>	<i>1400 GPM</i>	

(12) WELL LOG:

Material	From	To	SWL
<i>SANDY PUMICE TOPSOIL</i>	<i>0</i>	<i>5</i>	
<i>YELLOW CLAY</i>	<i>5</i>	<i>24</i>	
<i>GREY SHALE</i>	<i>24</i>	<i>66</i>	
<i>HARD BLACK SHALE</i>	<i>66</i>	<i>70</i>	
<i>GREY SHALE</i>	<i>70</i>	<i>119</i>	
<i>PUMICE</i>	<i>119</i>	<i>121</i>	
<i>GREY SHALE</i>	<i>127</i>	<i>165</i>	
<i>BLACK SANDSTONE</i>	<i>165</i>	<i>175</i>	
<i>PUMICE</i>	<i>175</i>	<i>179</i>	
<i>GREY CLAY</i>	<i>179</i>	<i>265</i>	
<i>HARD PUMICE</i>	<i>265</i>	<i>266</i>	
<i>GREEN CLAY</i>	<i>266</i>	<i>434</i>	
<i>GREY SHALE</i>	<i>434</i>	<i>545</i>	
<i>PUMICE & BLACK SANDSTONE</i>	<i>545</i>	<i>596</i>	
<i>GREEN CLAY</i>	<i>596</i>	<i>614</i>	
<i>PUMICE & BLACK SANDSTONE</i>	<i>614</i>	<i>683</i>	
<i>GREY CLAY</i>	<i>683</i>	<i>751</i>	
<i>PUMICE & BLACK SANDSTONE</i>	<i>751</i>	<i>846</i>	
<i>GREY CLAY</i>	<i>846</i>	<i>975</i>	
<i>BLACK SANDSTONE</i>	<i>975</i>	<i>1000</i>	
<i>HARD BLACK BASALT</i>	<i>1000</i>	<i>1011</i>	

Date started *9/11/91* Completed *9/19/91*

(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 *604*
 Signed *[Signature]* Date *10/12/91*