

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

Klamath
10331

395/8E-22dc

(START CARD) # 29164

(1) OWNER: Well Number: _____
 Name Randy R. & Susan J. Scott
 Address 2167 Kiln
 City Klamath Falls State OR Zip 97601

(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 Stock Well

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 87 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	70	Cement &	0	70	45 Sacks
			Bentonite			4 sacks
6"	70	87				

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:	6"	+1	71	.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) 71 ft.

(7) PERFORATIONS/SCREENS: None

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"/>
						<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
20		45'	1 hr.

Temperature of water 53° Depth Artesian Flow Found _____
 Was a water analysis done? Yes No By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 61-69 ft.

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39 S N or S. Range 8 E E or W. WM.
 Section 22 SW 1/4 SE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Off Hwy. 66
WEST of Klamath Falls, OR

(10) STATIC WATER LEVEL:
34 ft. below land surface. Date 10-14-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 48'

From	To	Estimated Flow Rate	SWL
61'	69'	55 gpm	34'
72'	87'	68 gpgm	34'

(12) WELL LOG: Ground elevation 4150

Material	From	To	SWL
Top Soil	0	1	
Sandy Brown Clay	1	14	
Brown Clay	14	24	
Brown Clay with Streaks- of Black Lava Rock	24	33	
Black Lava Rock & Brown - Clay	33	48	
Broken Brown Rock & Brown Clay	48	61	
Broken Brown Rock	61	69	34'
Black Rock	69	72	
Broken Brown & B lack - Lava Rock	72	87	

Date started 10-2-91 Completed 10-14-91

(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 777
 Signed Stephen R. Hughes Date 10-18-91