

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

RECEIVED
 Klamath **KLAM 10353**
 10353 NOV 14 1991

41S-10E-7dd

(START CARD) # 32778

(1) OWNER: Well Number: _____
 Name Ken Kinsman
 Address 6007 Henley Rd. - P.O. Box 7580
 City Klamath Falls State OR Zip 97603

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	175	cement & bentonite	0	175	30 sacks 3 sacks
12"	175	595				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+1	176.250		<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) 176'

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2000		170	1 hr.

Temperature of water 82°F Depth Artesian Flow Found _____
 Was a water analysis done NO Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: None

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 41 S N or S, Range 10 E E or W, WM.
 Section 7 SE $\frac{1}{4}$ SE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Corner of Fugat Rd. & Lower Lake Rd. N.W. side K.Fal

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 11-8-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 76 ft.

From	To	Estimated Flow Rate	SWL
76	115	30 gpm	60±
200	359	200 gpm	40'
371	556	200 gpm	40'
556	595	2000 gpm	40'

(12) WELL LOG: Ground elevation 4100

Material	From	To	SWL
Sandy Top Soil	0	3	
Sandy Yellow Clay	3	6	
Yellow Clay	6	26	
Blue Clay	26	33	
Green Claystone	33	41	
Blue Claystone	41	76	
Blue Clay w/ Streaks of- Black Sand	76	115	18'
Blue Claystone	115	141	
Jointed Blue Claystone	141	176	18'
Blue Calystone	176	200	
Jointed Blue Claystone	200	359	40'
Blue Shale	359	371	
Jointed Blue Claystone	371	556	40'
Jointed Black Shale	556	595	40'

Date started 11-4-91 Completed 11-8-91

(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 408
 Signed Martin Sney Date 11-11-91