

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

Klamath
10357

NOV 25 1991

395/11E-3hd

WELL (START CARD) # 24086

(1) OWNER: Well Number: #2 TR.
 Name: ALBERT LETSCH
 Address: 909 WIANO ST
 City: KLAMATH FALLS State: ORE 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: 107
 Special Construction approval Yes No Depth of Completed Well 107 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>1 7/2"</u>	<u>0</u>	<u>34</u>	<u>CEMENT</u>	<u>0</u>	<u>19</u>	<u>23 SACKS</u>
<u>1 3/4"</u>	<u>34</u>	<u>107</u>				

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
<u>1 3/4"</u>	<u>71</u>	<u>19</u>	<u>280</u>	<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):				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min: 600 Drawdown: _____ Drill stem at: 107 Time: 1 hr.

Temperature of water: 60°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: _____

(9) LOCATION OF WELL by legal description:
 County: KLAMATH Latitude _____ Longitude _____
 Township: 39S Nor S. Range: 11E E or W. WM. _____
 Section: 3 Subdiv. SE 1/4 NW 1/4
 Tax Lot: S02 3 Lot _____ Block 7395 Subdivision _____
 Street Address of Well (or nearest address): BANQUET COT OFF RD
1000024 ORE

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date: 11/15/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found: 50 FT

From	To	Estimated Flow Rate	SWL
<u>50</u>	<u>107</u>	<u>600</u>	<u>45</u>

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<u>BOULDERS & SANDY CLAY</u>	<u>0</u>	<u>3</u>	
<u>HARD BLACK BASALT</u>	<u>3</u>	<u>22</u>	
<u>HARD BROWN CLAY</u>	<u>22</u>	<u>44</u>	
<u>BROWN BUBBLY BROWN BASALT</u>	<u>44</u>	<u>56</u>	
<u>HARD GRAY BASALT</u>	<u>56</u>	<u>73</u>	
<u>RED SANDS & BUBBLY BROWN BASALT</u>	<u>73</u>	<u>85</u>	
<u>HARD GRAY BASALT</u>	<u>85</u>	<u>99</u>	
<u>HARD BUBBLY BROWN BASALT</u>	<u>99</u>	<u>107</u>	

Date started: 10/28/91 Completed: 11/15/91

(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: 11/22/91