

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

Klamath
20364

DEC 23 1991

40s/13E/2aa

(START CARD) # W-26536

(1) OWNER: Well Number: 3
 Name Richard A. Smith
 Address 10166 E. Langell Vly. Rd.
 City Bonanza State OR. Zip 97623

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	129	Cement	0	129	95 Sacks
16"	129	270				
12"	160	315				
10"	315	440				
8"	440	524				

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: 16"	+1	-129	.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 shoes(s) _____

(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"/>
						<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
1900	184'		1 hr.

Test pumped by Valley Pump.

Temperature of water 68 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 40S N or S. Range 13E E or W, WM.
 Section 2 NE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 10166 E. Langell Vly. Rd.

(10) STATIC WATER LEVEL:
 _____ 16 ft. below land surface. Date 9/4/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
245'	524'	1900 GPM	16'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy Soil	0	3	
Brown Sandstone	3	16	
Yellow Clay	16	22	
Brown Sandstone & Clay	22	55	
Coarse Brown Sandstone	55	80	
Yellow Claystone	80	124	
Grey Basalt	124	150	
Brick Red Rock	150	172	
Grey Basalt	172	245	
Grey Basalt w/Sandy Clay	245	265	16'
Blue Rock & Clay	265	280	16'
Blue Clay	280	295	16'
Brown Clay & Pumice	295	305	16'
Blue Clay	305	375	16'
Hard Black & Brown rock	375	524	16'

Date started 7/30/91 Completed 11/14/91

(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.
 Signed Michael W. Smith WWC Number 1452
 Date 12/8/91

(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.
 Signed John Rancally WWC Number 693
 Date 12/8/91