

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

RECEIVED

DEC 19 1991

(START CARD) # 32781

38s/11 1/2 E/23dd

Klamath
 10368

(1) OWNER:
 Name Scott Miller
 Address 111 Belvale Dr.
 City Los Gatos State CA. Zip 95032

Well Number: _____ LOCATION OF WELL by legal description:
SALEM, OREGON

County Klamath Latitude _____ Longitude _____
 Township 38 S. N or S. Range 11 1/2 E. E or W. WM.
 Section 23 SE 1/4 SE 1/4
 Tax Lot 1000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Bliss Rd. 1 mile south of Hwy. 140. Yonna Valley, Dairy, OR.

(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 Wild Life Habitat

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 302 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	
12"	0	38'	cement & bentonite	0	38'	13 cem. 1 bent.
8"	38'	302'	open			

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: 8"	+1'	39'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: none				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: no shoe used.

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
 Temperature of water 56 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 none
 Depth of strata: none

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 12,3,91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 103'

From	To	Estimated Flow Rate	SWL
103	168	50 GPM	40'
168	265	20 GPM	40'
265	295	1000 GPM	40'
295	302	1000 GPM	40'

(12) WELL LOG: Ground elevation 4125

Material	From	To	SWL
Top soil	0	2	
Yellow clay	2	6	
Blue claystone	6	10	
Hard brown claystone	10	14	
Yellow clay	14	32	
Blue clay	32	103	
Black rock	103	163	40'
Red cinders	163	168	40'
Brown lava rock	168	265	40'
Red cinders	265	278	40'
Brown rock	278	295	40'
Broken red cinders	295	302	40'

Date started 11,29,91 Completed 12,3,91

(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 _____ WWC Number _____
 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.
 Signed Marion Seely WWC Number 408
 Date 12,10,91