

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

Klam
10421

MAR 16 1992
KLAM 10421
WATER RESOURCES DEPT
SALEM, OREGON

39s/11e/4ad

(START CARD) # 38643

(1) OWNER: BRADLEY BEMMETT & JAMES CONNELLY Well Number: _____
Name BRADLEY BEMMETT & JAMES CONNELLY
Address P.O. BOX 216
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 190' ft.
 Yes _____ No
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks	pounds
16"	0	147'	CEMENT	0	147'	38	SAC
"	"	"	BENTONITE	0	147'	3	SAC
10	147	190					

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 12" From 1 To 148.250 Gauge 250
 Casing: Steel Plastic Welded Threaded
 Liner: NONE
 Final location of sheets) 148'

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
EST. 2000 100' 1 HR

Temperature of water 59 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 NONE
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County KALAMT Latitude _____ Longitude _____
 Township 39 Nor or S. Range 11 E or W. WM. _____
 Section 4 SE 1/4 NE 1/4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) OLD BLY RD.
BONANZA, OR.

(10) STATIC WATER LEVEL:
45' ft. below land surface. Date 2, 25, 92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 149'

From	To	Estimated Flow Rate	SWL
<u>149'</u>	<u>190'</u>	<u>EST. 3000</u>	<u>45'</u>

(12) WELL LOG: Ground elevation 4100

Material	From	To	SWL
<u>SANDY TOP SOIL</u>	<u>0</u>	<u>3</u>	
<u>SANDY BROWN CLAY</u>	<u>3</u>	<u>17</u>	
<u>BLACK LAVA ROCK</u>	<u>17</u>	<u>19</u>	
<u>YELLOW CLAY</u>	<u>19</u>	<u>21</u>	
<u>BLUE CLAY</u>	<u>21</u>	<u>149</u>	
<u>BLACK LAVA ROCK</u>	<u>149</u>	<u>190</u>	<u>45</u>

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MAY - 1 1992

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2, 24, 92 Completed 2, 27, 92

(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 constructor standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____ WWC Number _____

(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 constructor standards. This report is true to the best of my knowledge and belief.
 Signed David Sorey Date _____ WWC Number 408

KLAM 10421



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

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MAY 6 2020

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Walt and Nancy Hammerich

Mailing Address: 28989 Casebeer Rd

City, State, Zip: Bonanza OR 97623

Mail Well ID to: SAME AS ABOVE In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 39 S (North / South) Range: 11 E (East / West) Section: 4 SE 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 1300 County Klamath

GPS Coordinates: _____

Street Address of Well, City: 31100 Horsefly Lane

If the property had a different street address in the past: no

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation

Date Well Constructed (or property built): 6-4-1992 Total Well Depth: 190' Casing Diameter: 12"

Owner at time the well was constructed (if known): Bennett/Connelly Well Report # (if known): KLAM 10421

Other Information: Water Right Permit # G-12457

SUBMITTED BY (please print): Nancy Hammerich

PHONE: 541-274-0002 EMAIL &/or FAX: Hammerichi@aol.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
5-6-2020

Well Report Number:
KLAM 10421

Well Identification #:
L-138111