

KLAM 10445

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41s/12e/14cd  
pg. 1

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

(START CARD) # 32792

(1) OWNER: Well Number: \_\_\_\_\_  
Name **SHASTA NURSERY, INC.**  
Address **P.O. BOX 897**  
City **ANDERSON** State **CA** Zip **96007**

(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 **1004** ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16"	0	90	CEMENT & BENT.	0	90	35 SACK
10"	90	1004				3 SACK

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	12"	+1	91	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) **91 FT.**

(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"/>
						<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
300		65 FT.	1 hr.
500		85 FT.	1 HR

Temperature of water **61 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 **41 S** Nor or S. Range **12 E** E or W. WM.  
Section **14** **SE**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$   
Tax Lot **1300** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
**7 FT.** ft. below land surface. Date **4-20-92**  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found **4 FT**

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation **4050**

Material	From	To	SWL
SANDY TOP SOIL	0	4	
BROWN SANDSTONE	4	9	3
YELLOW CLAY	9	12	
COARSE BROWN SAND	12	13	3
YELLOW CLAY	13	22	
BLUE CLAY	22	34	
GRAY SANDSTONE	34	46	
SANDY BLUE CLAY	46	54	
BLACK SANDSTONE	54	59	3
BLUE CLAY	59	85	
BLACK & RED SAND	85	86	3
BLUE CLAY	86	215	
WHITE PUMICE	215	221	7
BLUE CLAY	221	243	
BLUE CLAY W/ STREAKS OF-			
WHITE PUMICE & BRN. SAND	243	259	7
BLUE CLAY	259	315	
WHITE PUMICE	315	321	7
BLUE CLAY	321	458	
MEDIUM BLACK SAND	458	465	7
BLUE CLAY	465	702	
BLK. SAND & WHITE PUMICE	702	704	7
CONTINUED ON ANOTHER SHEET.....			

Date started **4-13-92** Completed **4-20-92**

(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 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 *Norman Lewis* WWC Number **408**  
Date **5-4-92**

**KLAM 10445**  
**STATE OF OREGON**  
**WATER WELL REPORT**  
 (as required by ORS 537.765)

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4/15/12E/14CD  
 (START CARD) # 32792 pg. 2

**(1) OWNER:** Well Number: PAGE 2  
 Name SHASTA NURSERY, INC. (CONTINUED)  
 Address P.O. BOX 897  
 City ANDERSON State CA Zip 96007

**(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 1004 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
16"	0	90	CEM &	0	90	35 SAC	
16"	0	90	BENTONITE	0	90	3 SAC	

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	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(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"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing  Artesian  

Yield gal/min	Drawdown	Drill stem at	Time
300		65 FT.	1 hr.
500		85 FT	" "

Temperature of water 61 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 NONE  
 Depth of strata: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**  
 County KLAMATH Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 41 S N or S. Range 12 EAST E or W. WM.  
 Section 14 SE 1/4 SW 1/4  
 Tax Lot 1300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) STATE 50 AT MORELOCK. S.E. OF MALIN, OREGON.

**(10) STATIC WATER LEVEL:**  
7' ft. below land surface. Date 4, 20, 92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 8'

From	To	Estimated Flow Rate	SWL
215	321	70 GPM	
458	465	50 GPM	7'
793	985	140 GPM	7'
988	1004	260 GPM	7'

**(12) WELL LOG:** Ground elevation 4050

Material	From	To	SWL
CONTINUED FROM ANOTHER SHEET			
		704'	
BLUE CLAY	704	793	
BLACK SAND	793	797	7'
BLUE CLAY	797	988	
BLACK AND RED SAND	988	995	7'
BROWN SANDSTONE	995	1001	
BLACK SANDSTONE	1001	1003	7'
BLACK ROCK	1003	1004	
( PAGE 2 OF 2 )			

Date started 4, 13, 92 Completed 4, 20, 92

**(unbonded) Water Well Constructor Certification:**  
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 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

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 WWC Number 408  
 Signed Harm Sney Date 5-4-92