

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

KLAMATH
10454

MAY 12 1992

RECEIVED 40S/12E/32b
JUN - 8 1992

(START CARD) # **34484**

WATER RESOURCES DEPT.

(1) OWNER:

Name **John Dark**
 Address **2828 Pickett Road**
 City **Malin** State **OR** Zip **97632**

(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 **629** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		Amount sacks or pounds
Diameter	From	To	Material	From To	
20	0	41	cement	0 41	37
16	41	245			
10	245	442			
8	442	629			

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	16	+1	41	.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) _____

(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
2200	20		1 hr.

Temperature of Water **64°** 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 **121° 12' E**
 Township **40S** N or S. Range **12E** E or W. WM **3**
 Section **32** NE $\frac{1}{4}$ NW $\frac{1}{4}$ **Larry Despain**
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **2828 Pickett Rd.**

(10) STATIC WATER LEVEL:

135 ft. below land surface. Date **4/22/92**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **230'**

From	To	Estimated Flow Rate	SWL
230	598	1500	135

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil	0	6	
Clay & brn sand	6	18	
Brn sandstone & clay	18	46	
Gray sandstone & clay	46	73	
Gray lava boulders	73	83	
SM Soft gray sandstone	83	133	
Yellow clay	133	148	
Soft brn sandstone	148	150	
Gray clay & sand	150	230	SWL
Crevice gray sandstone	230	340	135
Black bubbly lava	340	350	
Gray broken lava	350	425	
Gray crevice basalt	425	459	
Red lava	459	462	
Brn & gray lava	462	464	
Gray crevice basalt	464	504	
Brn lava	504	593	
Gray lava	593	598	
Gray green basalt	598	629	

Date started **3/3/92** Completed **4/23/92**

(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.

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 **1228**
 Signed **Larry Despain** Date **4/23/92**