

12

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

KLAM
10460

RECEIVED

MAY 27 1992

39S/11E/960
29198

WATER RESOURCES DEPT

(START CARD) #

(1) OWNER:

Name STANLEY C. MASTEN
Address PO BOX 156
City Bonanza State ORE Zip 97623

Well Number:

(9) LOCATION OF WELL by legal description:

County KLAMATH Latitude _____ Longitude _____
Township 39S Nor S. Range 11E E or W. WM. _____
Section 9 NE 1/4 NW 1/4
Tax Lot R-3911-00000 Block 01600 Subdivision 000
Street Address of Well (or nearest address) _____

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

| HOLE | | SEAL | | Amount | |
|----------|---------|----------|---------|-----------------|-----|
| Diameter | From To | Material | From To | sacks or pounds | |
| 22 | 0 130 | CEMENT | 0 130 | 170 | SLS |
| 16 | 130 163 | | | | |
| 12 1/4 | 163 432 | | | | |

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 N | 41 | 130 | 280 | <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) 130 Feet

(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"/> |

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian
Yield gal/min 3000 Drawdown 6 Feet Drill stem at _____ Time 4 hr.

Temperature of water 60°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: _____

(10) STATIC WATER LEVEL:

51 ft. below land surface. Date 5/15/92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 168 Feet

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 168 | 432 | 3000 | |
| | | | |
| | | | |

(12) WELL LOG:

Ground elevation _____

| Material | From | To | SWL |
|---------------------------------|------|-----|-----|
| Brown clay topsoil | 0 | 1 | |
| Yellow shale | 1 | 9 | |
| Green shale | 9 | 87 | |
| Grey sandstone | 87 | 112 | |
| Yellow/brown sandstone | 112 | 129 | |
| Hard black basalt | 129 | 132 | |
| Decomposed brown lava | 132 | 143 | |
| Hard brown shale | 143 | 159 | |
| Red lava | 159 | 168 | |
| Red cinders & bobby red lava | 168 | 431 | |
| Hard black basalt | 431 | 432 | |

Date started 5/9/92 Completed 5/15/92

(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 601
Signed _____ Date 5/25/92