

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

KLAMATH
10461

RECEIVED

MAY 27 1992

39S/11E/3dd
 2996

(START CARD) #

(1) OWNER:

Name **CHARLES MASTEN**
 Address **RT 2 BOX 22**
 City **BONANZA** State **ORE** Zip **97623**

Well Number: **7**

(9) LOCATION OF WELL by legal description:

County **KLAMATH** Latitude _____ Longitude _____
 Township **39S** N or S. Range **11E** E or W. WM.
 Section **3** **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$
 Tax Lot **R-3911-00300-01400-000** Block _____ Subdivision _____
 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 **150** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
22	0	92	COMONT	0	92	RS SXS
16	92	119				
12 1/4	119	150				

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:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16 1/2	+1	92	.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) **92 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 **2000** Drawdown **1 Foot** Drill stem at _____ Time **4 hr.**

Temperature of water **65° 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:

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

(11) WATER BEARING ZONES:

Depth at which water was first found **92 Feet**

From	To	Estimated Flow Rate	SWL
92	150	2000 GPM	

(12) WELL LOG:

Material	From	To	SWL
SANDY CLAY TOPSOIL	0	4	
YELLOW SANDY CLAY	4	12	
GREY CLAY	12	69	
BLACK SANDSTONE	64	89	
BLACK BASALT	89	91	
DECOMPOSED BROWN LAVA & RED CLINDERS	91	100	
HARD BLACK BASALT	100	106	
BROWN BROWN LAVA & RED CLINDERS	106	119	
HARD BLACK BASALT	119	127	
BROWN DECOMPOSED BROWN LAVA & RED CLINDERS	127	148	
BROWN HARD BROWN LAVA	148	150	

Date started **4/29/92** Completed **5/5/92**

(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 **[Signature]** Date **5/25/92**