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39S/12E/34ck

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

KLAMATH 10467
10467

JUN - 1 1992

(START CARD) # 39875

(1) OWNER:
Name **TOM LEE**
Address **9540 EAST LANGELL VALLEY RD.**
City **BONANZA** State **OR** Zip **97623**

Well Number: **SALEM 10467**

WATER RESOURCES DEPT.

(9) LOCATION OF WELL by legal description:

County **KLAMATH** Latitude _____ Longitude _____
Township **39 S** Nor or S. Range **12 EAST** E or W. WM.
Section **34** NW 1/4 SW 1/4
Tax Lot **300** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **9140 BUNN RD.**
BONANZA, OREGON

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16"	0 199	CEMENT	0 199	112	SAX
10"	199 253	OPEN			

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 **12"** From **+1'** To **199.250** Gauge _____ Steel Plastic Welded Threaded
Liner: _____ Steel Plastic Welded Threaded
Final location of shoets) **NO SHOE USED.**

(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 **3200** Drawdown _____ Drill stem at **250'** Time **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 **NONE**
Depth of strata: **NONE**

(10) STATIC WATER LEVEL:
24' ft. below land surface. Date **5, 20, 92**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **122'**

From	To	Estimated Flow Rate	SWL
122'	164'	200 GPM	
200'	253'	3000 GPM	

(12) WELL LOG: Ground elevation **4130**

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	3	
YELLOW CLAYSTONE	3	8	
BLACK SANDSTONE	8	13	
BROWN CALYSTONE	13	20	
BLUE CLAY	20	28	
SANDY BLUE CLAY	28	45	
BLUE CLAY	45	122	
SOFT BLACK ROCK	122	132	23
BLACK SANDSTONE	132	143	23
BLUE CLAY WITH STREAKS	143		
OF BACK SAND		164	23
BROWN CLAY	164	171	
BLUE CLAY	171	200	
RED AND BLACK LAVA ROCK	200	204	24
BLACK LAVA ROCK	204	225	24
BLACK CINDERS	225	253	24

Date started **5, 14, 92** Completed **5, 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 *Norm Sevey* WWC Number **408** Date _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

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

WATER RESOURCES DEPT
SALEM, OREGON

I. OWNER INFORMATION

Current Owner Name (please print): Tom LEE
Mailing Address: 9540 East Langell Valley Road
City, State, Zip: Bonanza, Or 97623
Mail Well ID Tag 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 (~~North~~ / South) Range: 12 (East / ~~West~~) Section: 34
Tax Lot: 300 County Klamath NW 1/4 SW 1/4
GPS Coordinates: _____
Street Address of Well, City: 9140 Bunn Road, Bonanza
If the property had a different street address in the past: RT 1 Box 41

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation
Date Well Constructed (or property built): 5-20-72 Total Well Depth: 253' Casing Diameter: 12"
Owner at time the well was constructed (if known): Tom Lee
Other Information: _____

SUBMITTED BY (please print): Thomas LEE - (Tom Lee)
PHONE: 541-545-6473 EMAIL &/or FAX: thomaslee@centurytel.net

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.

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>12-15-14</u>	Well Log Number: <u>KLAM 10467</u>	Well Identification #: <u>L-117420</u>