

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

KLAM
10473

RECEIVED

JUN 17 1992

40S/14E/300a

(START CARD) # 36245

WATER RESOURCES DEPT.
SALEM, OREGON

(1) **OWNER:**
 Name Circle 5 Ranch
 Address Rt. 1 Box 69A
 City Bonanza State OR. Zip 97623

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
25"	0	19	Cement	0	19	15 Sacks
12"	19	153				
8"	153	226				

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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing: 20"	0	-19	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12"	1	38		<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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2000 GPM		80'	4 hr.

Temperature of Water 67 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: _____

LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 40S N or S. Range 14E E or W. WM. _____
 Section 30 NE ¼ NE ¼ _____
 Tax Lot 1600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) E. Langell Vly Rd
Bonanza, OR.

(10) **STATIC WATER LEVEL:**
1 ft. below land surface. Date 5/6/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 53'

From	To	Estimated Flow Rate	SWL
53'	226'	2000 GPM	1'

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

Material	From	To	SWL
Topsoil	0	1	
Brown Clay & Sand	1	9	
Yellow Clay	9	45	
Hard Yellow Claystone	45	50	
Rock	50	51	
Hard Yellow Clay	51	53	
Brown Sand & Clay	53	82	1'
Red Clay & Rock	82	115	1'
Hard Brown Claystone	115	127	
Hard Blue Shale	127	138	
Hard Brown Shale	138	153	1'
Hard Grey Basalt	153	184	1'
Red Rock	184	186	1'
Grey Rock	186	198	1'
Brown Rock	198	200	1'
Grey Rock	200	226	1'

Date started 5/4/92 Completed 5/6/92

(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 [Signature] WWC Number 1452
 Date 6/15/92

(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 [Signature] WWC Number 693
 Date 6-15-92