

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

RECEIVED
 JUL 14 1992

41S/11E/4ab

(START CARD) # 39880

*KLAM
10506*

(1) OWNER:
 Name: LYNN R. POPE
 Address: 21650 POPE RD.
 City: MERRILL State: OR Zip: 97633
 Well Number: SALEM, OREGON, KLAMATH

(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:

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
16"	0	81	Cement & Bentonite	0	81	29 sacks 2 sacks
12"	81	168				
10"	168	253				

How was seal placed: Method A B C D E
 Other X
 Backfill placed from ___ ft. to ___ ft. Material
 Gravel placed from ___ ft. to ___ ft. Size of gravel

(6) CASING/LINER:

Diameter	From	To	Gauge	Material				Threaded
				Steel	Plastic	Welded		
12"	+1	81	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	

Liner:

Final location of shoe(s) 81 ft.

(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
 1500 116 FT. 1 hr. 1 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: NONE

(9) LOCATION OF WELL by legal description:
 County: Klamath Latitude: Longitude:
 Township: 41 S N or S Range: 11 E E or W. WM.
 Section: 4 NW 1/4 NE 1/4
 Tax Lot: 200 Lot: Block: Subdivision:
 Street Address of Well (or nearest address): OFF OF POPE RD. MERRILL, OR

(10) STATIC WATER LEVEL:
 109 ft. below land surface. Date: 6-19-92
 Artesian pressure _____ lb. per square inch. Date

(11) WATER BEARING ZONES:
 Depth at which water was first found: 165 FT.

From	To	Estimated Flow Rate	SWL
165	253	1,500	109

(12) WELL LOG: 4100
 Ground elevation _____

Material	From	To	SWL
SANDY TOP SOIL	0	7	2
YELLOW CLAY	7	48	
GRAY ROCK	48	51	
BROWN & RED LAVA ROCK	51	75	
BLACK LAVA ROCK	75	165	
BLACK CINDERS	165	210	109
BROWN ROCK	210	253	109

Date started 6-16-92 Completed 6-19-92

(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 Nam Swey WWC Number 408 Date _____