

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

AUG 17 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON

12400
10539

4/5/12E/13ad

(START CARD) # 39885

(1) OWNER: Well Number _____
 Name EDWIN J. STASTNY JR.
 Address 32121 HWY 50
 City MALIN, State OR. Zip 97632

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

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
20"	0	93	CEMENT	0	93	85 SAC
16"	38	359	OPEN			
10"	359	550	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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+1.5	93	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 94'

(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	Drawdown	Drill stem at	Time
2700		150'	1 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: _____

(9) LOCATION OF WELL by legal description:
 County KLAMATH Latitude _____ Longitude _____
 Township 41 S N or S. Range 12 EAST E or W. WM.
 Section 13 SE $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 23333 EVANS
MALIN OR, 97632

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 8, 6, 92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 320

From	To	Estimated Flow Rate	SWL
320	359		80
386	486		80
538	550		80

(12) WELL LOG: 4050
 Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	3	
BROWN SAND	3	5	
YELLOW CLAY	5	46	
BLUE CLAY	46	53	
YELLOW CLAYSTONE & PUMICE	53	75	23
BLUE CLAY	75	123	
SOFT BROWN CLAY	123	126	
BLUE CLAY	126	320	
BLUE CLAY W/ STREAKS OF	320		
WHITE W/B PUMICE		359	80
BLACK ROCK	359	386	
RED CINDERS W/B	386	397	80
BROWN LAVA ROCK W/B	397	429	80
BROWN SANDSTONE W/B	429	434	80
BROWN LAVA ROCK W/B	434	486	80
BROWN SANDSTONE	486	491	
BLACK SANDSTONE	491	504	
BROWN SANDSTONE	504	519	
SANDY BROWN CLAY	519	538	
BLACK ROCK	538	550	

Date started 7-15-92 Completed 8-6-92

(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. Material 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 Naim Lovey WWC Number 408
 Date _____