

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT.
SALEM, OREGON

AUG 17 1992

KLAM
10542

39S/9E/1dc

(START CARD) # 39886

(1) OWNER: Well Number 1
Name Joe L. & Edith M. Barry
Address 6800 South 6th. Street
City Klamath Falls, State OR. Zip 97603

(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 134' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	37	cement	0	33'	14 sac
"	"	"	Bentonite	0	33	1 sac
6"	37	134	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	Casing			
				Steel	Plastic	Welded	Threaded
6"	+1	39	.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) No shoe

(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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
40		60'	

Temperature of Water _____ 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: _____

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 39 S N or S. Range 9 E. E or W. WM.
Section 1 SW 1/4 SE 1/4
Tax Lot 1600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6800 So. 6th St.
Klamath Falls, OR 97603

(10) STATIC WATER LEVEL:
8' 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 66'

From	To	Estimated Flow Rate	SWL
66	102	45	8
102	135.5	40	8

(12) WELL LOG: 4130
Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown sandstone & gravel	2	11	
Yellow clay	11	15	4
Brown sandstone	15	24	
Brown clay	24	30	
Blue clay & sandy blue claystone	30	66	
Blue clay with streaks of brown sandstone	66	102	8
Blue clay with streaks of black sand & sandstone	102	134	8

Date started _____ Completed _____
(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 J. But Puskard WWC Number _____
Date 8-13-92

(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 Naim Sweig WWC Number _____
Date 408