

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

KLAM
10575

SEP 15 1992

41S/13E/13dd

(START CARD) # 38671

(1) OWNER: Well Number 2 SALEM, ORE
 Name GROHS RANCH
 Address 21010 WEST LANGELL VALLEY RD.
 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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	
20"	0	91	CEMENT	0	91	57 SAC
			BENTONITE	0	91	13 SAC
16"	91	127	OPEN			
10	127	187	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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 16"	+1'	91.	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) 92'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE						<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	ESTIMATE	95'	1 hr.

Temperature of Water 80 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 41S N or S. Range 13 EAST E or W. WM.
 Section 13 SE 1/4 SE 1/4
 Tax Lot 3000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1/2 MILE PAST 17 MILE MARKER ON W. LANGELL VALLEY RD.

(10) STATIC WATER LEVEL:
25' ft. below land surface. Date 9, 1, 92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 61'

From	To	Estimated Flow Rate	SWL
61'	69'	30 GPM	9'
92'	187'	2000 GPM	25'

(12) WELL LOG:
 Ground elevation 4130

Material	From	To	SWL
TOP SOIL	0	3	
BROWN CLAY & BOULDERS	3	16	
SANDY BLUE CLAY	16	21	
MED. BROWN SAND	21	32	
YELLOW CLAY	32	36	
BLUE CLAY	36	54	
BLACK SANDSTONE	54	57	
YELLOW CLAY & SAND	57	61	
BLUE CLAY & SAND W/B	61	69	9'
YELLOW CLAY	69	82	
BROWN SANDSTONE	82	92	
BROWN LAVA ROCK W/B	92	95	25'
BLACK LAVA ROCK W/B	95	99	25'
BROWN LAVA ROCK W/B	99	114	25'
GRAY ROCK W/B	114	141	25'
FRACTURED BR. LAVA ROCK	141	187	25'

Date started 8, 20, 92 Completed 9, 1, 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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 408
 Signed Norm Sevey Date _____