

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

KLAM
10603

RECEIVED

OCT 12 1992

36S/14E/1500

WATER RESOURCES DEPT

(START CARD) # 29191

(1) OWNER:

Well Number #1 SALEM, OREGON
Name WILLIAM V. HILL / BK RANCH
Address 32816 EAST LANGELL VALLEY RD.
City CONANZA State OREGON 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 852 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
22	0	33	CONCRETE	0	33	38 Sks.
16	33	204				
12 1/4	204	852				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16	+1	33	280	<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) 33 FEET

(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
400		400	1 hr.

Temperature of Water 65° E 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 36S N or S. Range 14E E or W. WM.
Section 15 NE 1/4 NE 1/4
Tax Lot 5800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) CAMPBELL RD
RCH OREGON

(10) STATIC WATER LEVEL:

95 ft. below land surface. Date 9/11/92

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
640	852	INDETERMINATE	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
BROWN CLAY TOPSOIL	0	2	
PUMICE ROCK WITH BROWN LAVA	2	36	
BLACK BASALT & BROWN ASH	36	132	
HARD BROWN LAVA	132	200	
HARD GREY BASALT	200	268	
HARD RED LAVA	268	278	
HARD BLACK BASALT	278	308	
HARD BROWN BASALT	308	377	
HARD GREY BASALT	377	487	
BROWN LAVA & YELLOW CLAY ASH	487	532	
BLACK BASALT	532	603	
HARD BROWN BLACK BASALT	603	603	
BLACK BASALT	603	610	
BROWN BASALT	610	614	
HARD BROWN GLT BASALT	614	672	
HARD BLACK BASALT	672	756	
BLACK BASALT & ASH	756	774	
HARD GREY BASALT	774	788	
BROWN ASH	788	823	
BROWN LAVA & ASH	823	852	

Date started 8/3/92 Completed 9/11/92

(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 601

Signed [Signature] Date 10/8/92