

17

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

KLAM
10634

RECEIVED

NOV 18 1992

(START CARD) # 40825

39s/12e/34c

(1) OWNER: Well Number 2
Name **BARRETT LIVESTOCK**
Address **9747 E. 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 **386** ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
20"	0	178	CEMENT	138 sac
16"	178	270	OPEN	
10"	270	386	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
16"	+1	140.	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	140	182.	375	<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 USED.**

(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
2000		250	1 hr.

Temperature of Water **69** 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: **NONE**

(9) LOCATION OF WELL by legal description:
County **KLAMATH** Latitude _____ Longitude _____
Township **39S** N. or S. Range **12 EWM** E or W. WM.
Section **34** NE 1/4 SW 1/4
Tax Lot **200** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **9747 E. LANGELL VALLEY RD. BONANZA, OR. 97623**

(10) STATIC WATER LEVEL:
_____ **29'** ft. below land surface. Date **10, 22, 92**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **74'**

From	To	Estimated Flow Rate	SWL
74'	92'	25 GPM	24'
121'	178'	145 GPM	24'
202'	216'	75 GPM	29'
229'	386'	2000 GPM	29'

(12) WELL LOG:
Ground elevation **4100**

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	4	
BROWN SANDSTONE	4	8	
YELLOW CLAY	8	13	
BLUE CLAY	13	17	
YELLOW CLAY	17	21	
BLUE CLAY	21	74	
BLACK SANDSTONE	74	83	24
BLUE CLAY/BK SAND & PUMICE	83	92	24
BLUE CLAY	92	121	
BLUE CLAY/STRKS PUMICE	121	126	24
BLUE CLAY	126	170	
BLACK SANDSTONE	170	178	24
BLUE CLAYSTONE	178	202	
BLACK CINDERS	202	208	29
BLACK SANDSTONE	208	216	29
BLUE CLAY	216	229	
BLACK CINDERS	229	234	29'
BLUE CLAY	234	271	
BLACK LAVA ROCK	271	331	29'
BROKEN BLK & GRAY ROCK	331	361	29'
BLACK LAVA ROCK	361	386	29'

Date started **10, 5, 92** Completed **10, 22, 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 **777**
Signed **Stephen A. Hughes** Date _____