

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

KLAM
10636

(START CARD) # **40858**

34s/7e/19cd

(1) OWNER: Well Number _____
 Name **JOHN B. KAUTENBERG**
 Address **41837 HWY 62**
 City **CHILOQUIN** State **OR.** Zip **97624**

(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 **167'** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		To		Material	SEAL		Amount sacks or pounds
	From	To	From	To				
12"	0	33	0	33	CEMENT			12 SAC
12"	0	33	0	33	BENTON			1 SAC
8"	33			167'	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: 8"	+1'	33'	.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 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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
175		65'	1 hr.
120		55	" "

Temperature of Water **48** 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 **34 S** N or S. Range **07 E.** E or W. WM.
 Section **19** **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$
 Tax Lot **800** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **41837 HWY 62**
CHILOQUIN, OR 97624

(10) STATIC WATER LEVEL:
32' ft. below land surface. Date **11, 10, 92**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **38'**

From	To	Estimated Flow Rate	SWL
38	167'	200 GPM	32

(12) WELL LOG: Ground elevation **4160**

Material	From	To	SWL
PUMICE	0	4	
HARD BROWN CLAYSTONE	4	8	
BLACK ROCK	8	17	
BROWN SANDSTONE	17	27	
BROWN CLAYSTONE	27	38	
BROWN SANDSTONE	38	49	32
BLACK LAVA ROCK	49	56	32
BLACK & BROWN SANDSTONE	56	78	32
BLACK CINDER ROCK	78	116	32
GRAY CLAYSTONE WITH STREAKS OF BLACK SANDSTONE	116	167	32

Date started **11, 05, 92** Completed **11, 10, 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 **11/16/92**