

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

RECEIVED
Klamath
NOV 23 1992

(START CARD) #

39906

40S/13E/3500

(1) OWNER:
Name WILMOR E. HAMMELICK
Address 18419 WEST LANGER VALLEY RD
City BOSWAZA State ORE 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 427 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
22	0	306	CONCRETE	0	306	225 SLS
12 1/2	306	427				

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/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					□	□	□	□	□	□	□	□
Casing:	16"00	+1	306	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) 306 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"/>
						<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 3700 Drawdown _____ Drill stem at 44.5 Time 1 hr.

Temperature of water 66°F 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 40S N or S. Range 13E E or W. WM. _____
Section 35 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 18419 WEST LANGER VALLEY RD, BOSWAZA ORE

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 11/17/92
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
331	427	INDETERMINATE	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
BROWN CLAY TOPSOIL	0	3	
SANDY YELLOW CLAY	3	15	
YELLOW CLAY WITH BROWN SANDS	15	26	
BROWN SANDSTONE & BROWN SHALE	26	48	
YELLOW CLAY	48	66	
GREEN CLAY	66	296	
HARD GREY SHALE	296	304	
BLACK BASALT	304	309	
HARD GREY BASALT	309	331	
HARD BROWN BASALT	331	335	
BODDLY BROWN LAVA	335	358	
HARD BLACK BASALT	358	368	
BLACK BROWN LAVA	368	369	
HARD BLACK BASALT	368	393	
BLACK BROWN LAVA	393	427	

Date started 11/9/92 Completed 11/16/92

(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.
Signed _____ Date _____ WWC Number _____

(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 Don M. SLS Date 11/19/92 WWC Number 601