

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

KLAM
10680

RECEIVED
MAR - 4 1993
 WATER RESOURCES DEPT.

4/8/12E/3006
 (START CARD) # 34480

SALEM, OREGON

(1) **OWNER:** Well Number _____
 Name Warren Haught
 Address P.O. Box 71
 City Malin State OR Zip 97632

(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 600 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	587				
8	587	600				

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:	12	0	20	.250	<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"/>

Final location of shoe(s) _____

(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"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2200	20		1 hr

Temperature of Water 68 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 41S N or S. Range 12E E or W. WM. _____
 Section 30 NW 1/4 SE 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL:**
222 ft. below land surface. Date 1/27/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) **WELL LOG:**

Ground elevation _____

Material	From	To	SWL
Reamed Hole from 8" to 12"	250	587 587	

Date started 1/2/93 Completed 2/9/93

(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 _____ WWC Number _____
 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.
 Signed Larry J. Dolan WWC Number 1228
 Date 2/10/93