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STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

SALEM, OREGON

(START CARD) # 40905

(1) OWNER:

Name **LANCE WATSON**

Well Number _____

Address **RT. 1 BOX 786**

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 **350** ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount
12"	0	275	CEMENT & BENT.	0	275	25 SKS
8"	275	350				2 SKS

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	279	250	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) **279 FT.**

(7) PERFORATIONS/SCREENS:

☐ Perforations Method **NONE**
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500	APPROX	339	1 hr.

Temperature of Water **56 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: **NONE**

(9) LOCATION OF WELL by legal description:

County **KLAMATH** Latitude _____ Longitude _____
Township **38 S** N or S. Range **11 E** E or W. WM.
Section **19** NW 1/4 NE 1/4
Tax Lot **100** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **HASKINS RD. BONANZA, OR**

(10) STATIC WATER LEVEL:

156 ft. below land surface. Date **04-28-93**

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **163 FT.**

From	To	Estimated Flow Rate	SWL
163	350	500	156

(12) WELL LOG:

Ground elevation **4100**

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	7	
YELLOW CLAY	7	14	
BROWN SANDSTONE	14	62	
BROWN CLAYSTONE	62	69	
BLACK LAVA ROCK	69	106	
SOFT BROWN SANDSTONE	106	139	
BLACK SAND ROCK	139	151	
BROWN CLAYSTONE	151	163	
BLACK LAVA ROCK	163	249	156
BLACK & BROWN LAVA ROCK	249	293	156
BROWN LAVA ROCK	293	339	156
BLACK & RED LAVA ROCK	339	350	156

Date started **04-12-93** Completed **04-28-93**

(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 **Stephen R. Hughes** WWC Number **777** Date **5-12-93**