

17

Klamath
10720

KLAM 10720

38S/9E/28cd
35204

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

1993

(START CARD) #

(1) OWNER:

Well Number _____
Name City of Klamath Falls
Address PO Box 237
City Klamath Falls State Or. Zip 97601

(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 286 1/2 ft.
Explosives used Yes No Type _____ Amount _____

| Diameter | HOLE | | Material | SEAL | | Amount sacks or pounds |
|----------|------|---------|----------|------|----|---------------------------|
| | From | To | | From | To | |
| 10 | -2 | 265 | | | | |
| 6 | 265 | 286 1/2 | | | | |

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 | Material | | | |
|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Steel | Plastic | Welded | Threaded |
| Casing: | | | | <input 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 Bailer Air Flowing
 Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|------|
| 4.5 | 0 | | 1 hr |

Temperature of Water 184 ° Depth Artesian Flow Found _____

Was a water analysis done? Yes No 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 38S N or S. Range 9E E or W. WM.
Section 28 SE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1805 Main St
Klamath Falls, Or.

(10) STATIC WATER LEVEL:

6 ft. below land surface. Date 5/23/93
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 |
|------------------------|------|----|-----|
| Measure in to 249' | | | |
| Bail down to 258' | | | |
| Out to 286 1/2' | | | |
| Hard Ben Shale + flint | | | |

Date started 5/22/93 Completed 5/23/93

(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 D. Wispain WWC Number 1228
Date 5/23/93