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

KLAM 10747

RECEIVED
KLAM 10747
JUN 17 1993

388/9E/33CC
39913

(START CARD) #

WATER RESOURCES DEPT.

(1) OWNER:

Name PIRODC LUMBER COMPANY
Address PO Box 237
City KLAMATH FALLS State ORE Zip 97601

Well Number #2

LOCATION OF WELL by legal description:

County KLAMATH Latitude _____ Longitude _____
Township 38S N or S. Range 9E E or W. WM. _____
Section 33E SW 1/4 SW 1/4
Tax Lot 3801 - 2300 - Block 400 Subdivision _____
Street Address of Well (or nearest address) 474 & OAK ST.
KLAMATH FALLS OREGON 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 781 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
15	0 537	CEMENT	0 537	305 SLS	
7 1/2	537 781				

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:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10 3/4	+1/2	537	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 537 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
900 900	287		2 hrs

Temperature of Water 92°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: _____

(10) STATIC WATER LEVEL:

7 1/2 ft. below land surface. Date 5/26/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 1 1/2 FEET

From	To	Estimated Flow Rate	SWL
746	770	900	

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
BARK	0	7	
SAND & STICKY BROWN CLAY	7	12	
GREEN CLAY	12	19	
GREY SHALE WITH SAND	19	68	
GREEN SHALE WITH SAND	68	236	
STICKY GREEN CLAY	236	380	
GREY SHALE	380	417	
STICKY GREEN CLAY	417	498	
BROWN CLAY WITH HARD SHALE	498	530	
HARD BROWN SHALE	530	539	
BLACK BASALT	539	718	
HARD BROKEN GREY BASALT	718	746	
BLACK BASALT WITH GREY ASH	746	770	
HARD BROKEN GREY BASALT	770	781	

Date started 5/10/93 Completed 5/26/93

(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 [Signature] WWC Number 601
Date 6/5/93

KLAM 10747



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

RECEIVED BY OWRD

JAN 25 2016

I. OWNER INFORMATION

Current Owner Name (please print): CITY OF KLAMATH FALLS
Mailing Address: P O BOX 237 SALEM, OR
City, State, Zip: KLAMATH FALLS, OR 97601
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
Name & Address: RANDY TRAVIS
City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 38South (North / South) Range: 9 East (East / West) Section: 33
Tax Lot: ~~3809-3300~~ 400 County Klamath SW 1/4 SW 1/4
GPS Coordinates: _____
Street Address of Well, City: 4th + Oak St, Klamath Falls
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Industrial and Nursery Use
Date Well Constructed (or property built): 5/26/1993 Total Well Depth: 781 feet Casing Diameter: 10.75"
Owner at time the well was constructed (if known): Modoc Lumber Company
Other Information: Applying for Well Tag# Well ID KLAM10747 Start Card #39913

SUBMITTED BY (please print): Randy Travis *Randy Travis*
PHONE: 541-883-4952 EMAIL &/or FAX: RTravis@klamathfalls.city

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-25-16

Well Log Number:

KLAM 10747

Well Identification #:

L-121036