

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

KLAM
10760

RECEIVED

JUL - 8 1993

34s/7 1/2e/1

WATER RESOURCES DEPT.

(START CARD) # **40935**

SALEM, OREGON

(1) OWNER: Well Number **1**
Name **OR. DEPARTMENT OF FISH & WILDLIFE**
Address **P.O BOX 59 (2501 S W 1ST. AVE)**
City **PORTLAND,** State **OR.** Zip **97207**

(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 **166** ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0' 44'	CEMENT &	0' 44'	52	SAC
10"	0' 44'	BENTONIT	0' 44'	1	SACK
6"	44' 166'				

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: 6"	+2' 44'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 3"	-3' 166'	Class 160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **47'**
(7) PERFORATIONS/SCREENS:
 Perforations Method **SAW**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
126	166	1/2" x 4'	80	4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min **40** Drawdown _____ Drill stem at **40'** Time **1 hr.**

Temperature of Water **43** 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 **SURFACE**
Depth of strata: **12' 21'**

(9) LOCATION OF WELL by legal description:
County **KLAMATH** Latitude _____ Longitude _____
Township **34 S** N or S. Range **7 1/2 E** E or W. WM.
Section **1 & 12** 1/4 _____ 1/4 _____
Tax Lot **500** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **46161 HWY 62**
CHILOQUIN, OR.

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date **6.22.93**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **12'**

From	To	Estimated Flow Rate	SWL
64	134	20	7
155	166	20	7

(12) WELL LOG:

Ground elevation **4165**

Material	From	To	SWL
TOP SOIL & BOULDERS	0	3	
BROWN PUMICE & BOULDERS	3	12	
BROWN SAND & PUMICE W/B	12	21	7
BLACK LAVA ROCK	21	45	
SAND & GRAVEL	45	53	
GRAY ROCK	53	58	
BROWN CINDER ROCK	58	64	
HARD BROWN SANDSTONE WITH STREAKS OF SANDY GRAVEL	64	134	
BROWN CLAY	134	155	7
SAND AND GRAVEL	155	166	7

Date started **6.8.93** Completed **6.22.93**
(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 *Norm Sney* WWC Number **108**
Date **7-6-93**