

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

KLAM
10764

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(START CARD) #

WATER RESOURCES DEPT.

(1) OWNER: Well Number **#3**
 Name **WILMER E. HAMMERICH**
 Address **18419 WEST LANGEL VALLEY RD**
 City **BONANZA** State **ORE** Zip **97623**

LOCATION OF WELL by legal description:
 County **KLAMATH** Latitude _____ Longitude _____
 Township **41S** N or S. Range **13E** E or W. WM. _____
 Section **1** **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$ _____
 Tax Lot **63778** Block _____ Subdivision _____
 Street Address of Well (or nearest address) **JOHNSON RD**
BONANZA, OREGON

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

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
17 1/2	0	451	CONCRETE	0	451	250 SKS
9 7/8	451	521				

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
12 3/4	+1	451	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) **451 FT.**

(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
1500 +		200 FT.	1 hr.

Temperature of Water **68°F** Depth Artesian Flow Found **514 FT**
 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:
 _____ ft. below land surface. Date _____
 Artesian pressure **0** lb. per square inch. Date **6/15/93**

(11) WATER BEARING ZONES:
 Depth at which water was first found **12 FT**

From	To	Estimated Flow Rate	SWL
459	521	INDETERMINATE	

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
SANDY BROWN CLAY	0	12	
BLACK SAND	12	15	
GREY SHALE WITH SAND	15	36	
BLUE CLAY	36	48	
BLUE CLAY WITH STRONG SAND	48	109	
GREY SHALE WITH STRONG SAND	109	160	
GREEN CLAY WITH STRONG SAND	160	191	
GREEN CLAY	191	274	
GREEN SHALE	274	352	
BLACK SANDSTONE	352	370	
GREY CLAY	370	408	
BLACK SANDSTONE	408	447	
BLACK BASALT	447	459	
HARD BROWN BROWN BASALT	459	491	
HARD BLACK BASALT	491	514	
BROWN BUBBLY BASALT	514	521	

Date started **6/7/93** Completed **6/15/93**

(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.

WWC Number _____
 Signed _____ 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.

WWC Number **601**
 Signed _____ Date **6/20/93**