

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

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JUL 14 1993

(START CARD) #

39S/10E/8S
 39914

(1) OWNER: Well Number #1
 Name LARRY KING
 Address 502 PINE GROVE RD
 City KLAMATH FALLS State OR Zip 97603

LOCATION OF WELL by legal description:
 County KLAMATH Latitude _____ Longitude _____
 Township 39S N or S. Range 10E E or W. WM. _____
 Section 8 NW 1/4 SE 1/4
 Tax Lot 3910 Lot 60800 Block 00100 Subdivision 000
 Street Address of Well (or nearest address) 9907 HILMAN RD K. FALLS OR

(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 850 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>2 1/4</u>	<u>0</u>	<u>50</u>	<u>CEMENT</u>	<u>0</u>	<u>50</u>	<u>34</u>
<u>3 3/4</u>	<u>50</u>	<u>756</u>	<u>CEMENT</u>	<u>656</u>	<u>756</u>	<u>SS</u>
<u>6</u>	<u>756</u>	<u>850</u>				

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: <u>6 7/8</u>	<u>+1</u>	<u>754</u>	<u>250</u>	<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) 754 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
<u>200</u>		<u>300</u>	<u>1 hr.</u>

Temperature of Water 80°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:
50 ft. below land surface. Date 7/1/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found UNKNOWN

From	To	Estimated Flow Rate	SWL
<u>845</u>	<u>849</u>	<u>INDETERMINATE</u>	

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<u>SAND TOPSOIL</u>	<u>0</u>	<u>5</u>	
<u>YELLOW CLAY</u>	<u>5</u>	<u>29</u>	
<u>GRAY SAND</u>	<u>29</u>	<u>64</u>	
<u>GREEN CLAY</u>	<u>64</u>	<u>730</u>	
<u>HARD BLACK BASALT</u>	<u>730</u>	<u>794</u>	
<u>BUBBLY BLACK ASH</u>	<u>794</u>	<u>835</u>	
<u>HARD BLACK BASALT</u>	<u>835</u>	<u>845</u>	
<u>BROKEN BLACK ASH</u>	<u>845</u>	<u>849</u>	
<u>HARD BLACK BASALT</u>	<u>849</u>	<u>850</u>	

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AUG - 4 1993

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 6/22/93 Completed 7/1/93

(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 [Signature] Date 7/9/93