

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

*KLAM
10822*

RECEIVED

SEP 22 1993

(START CARD) # 50911

39S/8E/2ad

(1) OWNER: Well Number 1 WATER RESOURCES DEPT.
 Name A. R. Breitenstein SALEM, OREGON
 Address P.O. Box 744
 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 488 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material	Amount	
Diameter	From To	From To	sacks or pounds			
16"	0 25	0 25	11 sac	cement		
16"	0 25	0 25	1 sack	benton		
12"	25 488'					

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: 12"	+1	242	.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) 242

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

Front	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 700 Drawdown _____ Drill stem at 479' Time 1 hr.

Temperature of Water 73 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 none
 Depth of strata: none

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39 S N or S. Range 08 E' E or W. WM.
 Section 02 SE 1/4 NE 1/4
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) West of end of Mason Lane, & Green Acres Sub Div.

(10) STATIC WATER LEVEL:
80' ft. below land surface. Date 8, 30, 93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 271

From	To	Estimated Flow Rate	SWL
271'	425'	100	80
469'	488'	600	80

(12) WELL LOG:
 Ground elevation 4150

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	9	
YELLOW CLAY	9	74	
BLUE CLAY	74	115	
GRAY CLAYSTONE	115	159	
BLUE CLAY	159	171	
COARSE BLACK & GRAY SAND	171	177	
BLUE CLAY	177	193	
GRAY PUMICE	193	202	
BLUE CLAY, JOINTED	202	231	
GRAY ROCK	231	235	
GRAY ROCK & CLAY	235	247	
BROWN ROCK	247	264	
BROWN CLAYSTONE	264	271	
BROWN SAND ROCK	271	303	80
GRAY LAVA ROCK	303	425	80
BROWN CLAYSTONE	425	433	80
GRAY SAND ROCK	433	469	
BROWN LAVA ROCK	469	479	80
BLACK LAVA ROCK	479	488	80

Date started 7, 29, 93 Completed 8, 30, 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 408
 Signed Naim Sovey Date 8/31/93