

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

*KLAM*  
*10835*

**RECEIVED**  
**OCT 27 1993**

*39S/11E/10cd*

(START CARD) # **50920**

WATER RESOURCES DEPT.  
 SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
 Name **BONANZA BIG SPRINGS PARK**  
 Address **P.O. BOX 383**  
 City **BONANZA** State **OR** Zip **97623**

(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 **108** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE Diameter	From	To	Material	SEAL		Amount
				From	To	
10"	0	21	CEMENT & BENTONITE	0	21	19 SKS
6"	21	108	EX10PACKR	50	76	2 SKS

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
6"	+1	80	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **NONE**

(7) PERFORATIONS/SCREENS:  
 Perforations Method **NONE**  
 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

Yield gal/min	Drawdown	Drill stem at	Time
100		80 FT.	1 hr.
20		20 FT.	1 HR

Temperature of Water **61 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: **NONE**

LOCATION OF WELL by legal description:  
 County **KLAMATH** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township **39 S** N or S. Range **11 E** E or W. WM. \_\_\_\_\_  
 Section **10** **SE**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$  \_\_\_\_\_  
 Tax Lot **500** Lot **8** Block **1** Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **MAIN STREET**  
**BONANZA, OR**

(10) STATIC WATER LEVEL:  
**9 FT.** ft. below land surface. Date **10-12-93**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found **32 FT.**

From	To	Estimated Flow Rate	SWL
19	37	1500	9
76	108	150	9

(12) WELL LOG:  
 Ground elevation **4100**

Material	From	To	SWL
EXISTING WELL TO 19 FT.			
BLACK & BROWN LAVA ROCK	19	26	9
BROWN LAVA ROCK	26	32	9
BLACK LAVA ROCK	32	37	9
GRAY & RED ROCK	37	45	
HARD GRAY ROCK	45	72	
BLACK ROCK	72	76	
BUBBLY BLACK & BROWN - LAVA ROCK		108	9

Date started **10-07-93** Completed **10-13-93**

(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 installed were of the best knowledge and belief.  
**NORM SEVEY WELL DRILLING, INC**  
**5619 Leland Drive**  
**Klamath Falls, Oregon 97603**  
 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 *Stephen R. Hughes* WWC Number **777** Date \_\_\_\_\_