

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

Klamath 10864

WATER RESOURCES DEPT.

(START CARD) # 40951

SALEM, OREGON

(1) OWNER: Well Number _____
 Name **KLEOS CHILDRENS COMMUNITY**
 Address **P.O. BOX 141**
 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 **52** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter		SEAL Material		Amount	
From	To	From	To	From	To
10"	0	23	0	CEMENT & BENTONITE	7 SKS
6"	23	52	23	1 1/2 SK	

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"	+1	24	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) **24 FT.**

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
20		18 FT.	1 hr.
30		25 FT.	1 HR

Temperature of Water **52 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 **SURFACE**
 Depth of strata: **12 - 17 FT.**

(9) LOCATION OF WELL by legal description:

County **KLAMATH** Latitude _____ Longitude _____
 Township **35 S** N or S. Range **7E** E or W. WM. _____
 Section **20** **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$ _____
 Tax Lot **800** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **OFF EAST END OF RIVERS DR. CHILOQUIN, OR**

(10) STATIC WATER LEVEL:
6 FT. ft. below land surface. Date **10-28-93**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **14 FT.**

From	To	Estimated Flow Rate	SWL
12	17	5 GPM	7
17	38	25 GPM	6
38	50	32 GPM	6

(12) WELL LOG:
 Ground elevation **4050**

Material	From	To	SWL
BROWN SAND & GRAVEL	0	6	
BROWN SAND & SANDSTONE	6	12	
SANDY GRAY CLAY WITH -	12		
STREAKS OF GRAVEL		17	
BLACK SAND & FINE GRAVEL -	17		
W/STREAKS OF BROWN CLAY		38	
BROWN SAND & FINE GRAVEL -	38		
W/STREAKS OF BROWN CLAY		50	
BLUE CLAY	50	52	

Date started **10-28-93** Completed **10-28-93**

(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 *J. But P... ..* WWC Number **1560**
 Date **10-29-93**

(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 *Wanda Levey* WWC Number **408**
 Date **10-29-93**