

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

RECEIVED

FEB 16 1994

39S/10E/7bc
 60008

Klamath
 10924

WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 60008

(1) OWNER: Well Number _____
 Name Keith McClung
 Address P.O. Box 7659
 City Klamath Falls State OR Zip 97603

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	42	cement	0	42	21
6	42	93				

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 1/2	44		<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) 44

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		85	1 hr.

Temperature of Water 54° 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: 15'

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39S N or S. Range 10E E or W. WM. _____
 Section 7 SW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 7529 Booth Rd.

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 2/12/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
10	15	2	8
64	93	25	11

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brn clay	1	4	
Brn sand & clay	4	34	
Gray clay	34	64	
Brn sandstone	64	93	11

Date started 2/4/94 Completed 2/12/94

(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 _____ 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 Larry H. DeSpain WWC Number 1228
 Date 2/14/94