

APR 29 1994

KLAM 10961

State of Oregon WATER WELL DRILLERS REPORT

Page 1 of WATER RESOURCES DEPT Start Card # 59462 SALEM, OREGON

(1) OWNER: Well No. 94-07 Name REAMS GOLF & COUNTRY CLUB Address 4201 HWY 97 SO. City KLAMATH FALLS St OR Zip 97603

(9) LOCATION OF WELL by legal description: County KLAMATH Lat. ' ' " Long. ' ' " Township 39 S Range 9 E Section 18 NE 1/4 NE 1/4 Tax Lot 100 Lot Block Subdivision Street Address 4201 HWY 97 SO KLAMATH FALLS, OR

(2) TYPE OF WORK: NEW WELL (3) DRILL METHOD: ROTARY AIR (4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL: 30 ft. below land surface. Date 04/02/94 Artesian pressure Date

(5) BORE HOLE CONSTRUCTION: Special Construction Approval: NO Depth of Compl. Well -449 Explosives used Type Amount HOLE SEAL Diam. From To Material From To Amount 12" 0 -38 CEMENT/BENT. 0 -38 20 SACKS 8" -38 -449

(11) WATER BEARING ZONES: Depth at which water was first found -193 From To Est Flow Rate SML -193 -449 500 GPM -30

Seal placement method C Backfill: from to Material Gravel: from to Size

(12) WELL LOG: Material Ground elevation From To SML FILL 0 5 BROWN CLAY 5 15 YELLOW CLAY 15 27 GREEN CLAY 27 193 SANDSTONE 193 449

(6) CASING/LINER: Diam. From To Gauge Material Connection Casing 8" +1 -58 .250 STEEL WELDED Liner Final Location of shoe(s) -58

Date started 03/24/94 Completed 04/02/94

(7) PERFORATIONS/SCREENS: Perforations Method Screens Type Material Slot Tele/pipe From To Size Number Diam. size Casing/liner

(unbonded) Water Well 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 _____ Date _____ WWC Number

(8) WELL TESTS: Minimum testing time is 1 hour Test type AIR Yield GPM 450 Draw-down at -449 Drill stem at -449 Time 1 hr. Temperature of water 68F Depth Artesian Flow Found Was water analysis done? NO By whom Reason for water not suitable for use Depth of strata 0

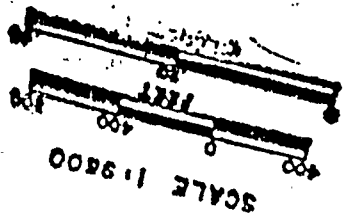
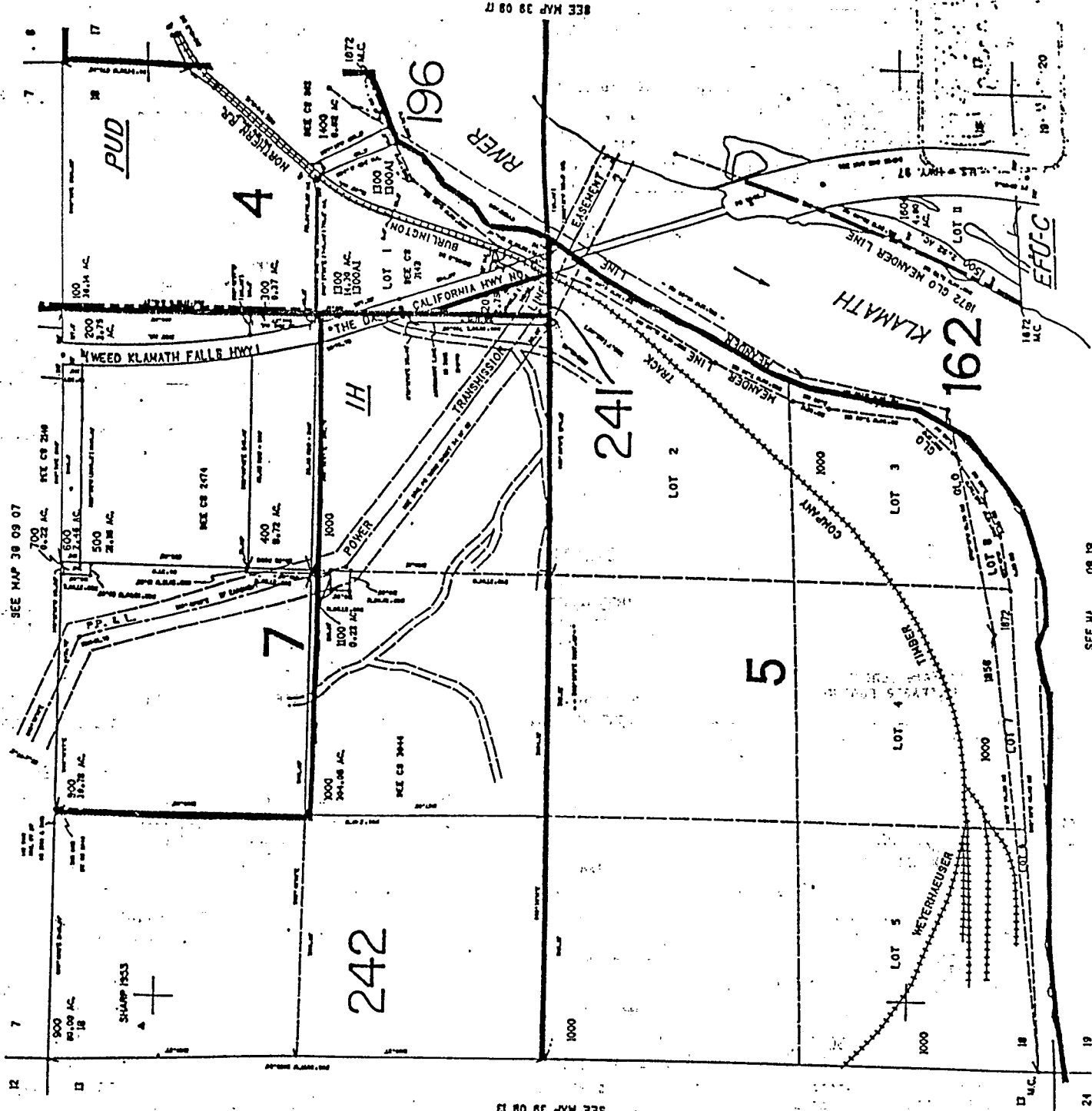
(bonded) Water Well Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

Signed *[Signature]* Date 04/25/94 WWC Number 693

SECTION 18 1.39S. R.09E. M.
KLAMATH COUNTY

1-400'

THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY.



SEE MAP 39 08 13

SEE MAP 39 08 17

SEE MAP 08 19

24 19