

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

KLAMATH 10988

RECEIVED

MAY 19 1994

40S/11E/11da

(START CARD) # 40990

(1) OWNER: Well Number _____
Name LLOYD L. NELSON
Address 24625 SCHAUPP RD.
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 883 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
14"	0 39	BENTON.	0 39	21 SKS
10"	39 883			

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: 10"	+1	39	.25	<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) 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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200		450	1 hr.
100		200	1 HR

Temperature of Water 80 F Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: NONE

(9) LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 40 S N or S. Range 11 E E or W. WM.
Section 11 NE 1/4 SE 1/4
Tax Lot 2001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24624 SCHAUPP RD.
KLAMATH FALLS, OR 97603

(10) STATIC WATER LEVEL:
38 FT. ft. below land surface. Date 05-12-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 31 FT.

From	To	Estimated Flow Rate	SWL
31	35	3 GPM	21
499	531	200 GPM	38
664	775	50 GPM	38

(12) WELL LOG:
Ground elevation 4050

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	3	
YELLOW CLAY	3	10	
BLUE CLAY	10	31	
JOINTED BLUE CLAY	31	35	
BLUE CLAY	35	124	
GRAY CLAYSTONE	124	217	
GRAY CLAY	217	346	
GRAY CLAYSTONE	346	453	
HARD GRAY CLAYSTONE	453	486	
GRAY CLAYSTONE	486	499	
HARD GRAY CLAYSTONE	499	517	38
FRACTURED BLACK ROCK	517	531	38
BLUE CLAYSTONE	531	653	
BLACK ROCK	653	664	
STREAKS OF FRACTURED ROCK	664		
& BLUE CLAYSTONE		775	38
GRAY CLAYSTONE	775	830	
BLACK ROCK	830	859	
GRAY CLAYSTONE	859	883	

Date started 04-28-94 Completed 05-12-94

(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.
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 Avey Date 5/16/94