

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

RECEIVED

JUN - 9 1994

(START CARD) # 50946

KLAMATH
11008

40s/12e/35sd

(1) OWNER:
Name ROD LYON
Address 20302 PAYGE RD.
City MALIN State OR Zip 97632

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

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
16"	191	203				
10"	203	233				

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>1500</u>		<u>190</u>	1 hr.

Temperature of Water 77 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: _____

WATER RESOURCES DEPT. LOCATION OF WELL by legal description:

County KLAMATH Latitude _____ Longitude _____
Township 40 S N or S. Range 12 E E or W. WM.
Section 35 SE $\frac{1}{4}$ SW $\frac{1}{4}$
Tax Lot 7100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 32857 TRANSFORMER RD. MALIN, OR

(10) STATIC WATER LEVEL:
173 FT. below land surface. Date 05-24-94
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>191</u>	<u>233</u>	<u>500 gpm</u>	<u>173</u>

(12) WELL LOG:
Ground elevation 4050

Material	From	To	SWL
<u>EXISTING WELL TO 191 FT. FRACTURED BLACK ROCK</u>	<u>191</u>	<u>233</u>	<u>173</u>

Date started 05-22-94 Completed 05-24-94
(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 _____ Date _____ WWC Number _____

(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 Date _____ WWC Number 777