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

KLAMATH 11041

JUL - 7 1994

(START CARD) # 60019

WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER:

Name Rod Lyon
Address 20302 Paygr Rd.
City Malin State OR Zip 97632

(2) TYPE OF WORK:

New Well [] Deepen [x] Recondition [] Abandon []

(3) DRILL METHOD:

Rotary Air [] Rotary Mud [] Cable [x] Other []

(4) PROPOSED USE:

Domestic [] Community [] Industrial [] Irrigation [x]
Thermal [] Injection [] Other []

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes [] No [x] Depth of Completed Well 270 ft.
Explosives used Yes [] No [] Type _____ Amount _____

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Contains data for diameters 16 and 10.

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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes rows for Casing and Liner.

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes checkboxes for Pump, Bailer, Air, Flowing Artesian.

Temperature of Water 72° 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 []

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____
Township 40S N or S. Range 12E E or W. WM.
Section 35 SE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 32857 Transformer Rd.

(10) STATIC WATER LEVEL:

170 ft. below land surface. Date 7/3/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL. Depth at which water was first found _____

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Includes entries like 'Measure to 222', cleaned', 'loose fill to 233', drill', 'broken basalt', 'gray basalt'.

Date started 7/1/94 Completed 7/5/94

(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 1228 Signed Larry D. DeLeon Date 7/6/94