

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

RECEIVED

OCT - 3 1994

39s/9e/5db

WATER RESOURCES DEPT. (START CARD) # 30950

KLAM
11159

(1) OWNER: ROD PFEIFFER Well Number _____
 Name ROD PFEIFFER
 Address 3837 LAMARADA WAY
 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 454 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	39	BENTONT	0	39	20 SKS
8"	39	454	OPEN			

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: 8"	+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
250		454	1 hr.
180		310	1 HR
135		250	1 HR
75		210	1 HR

Temperature of Water 65 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: NONE

(9) LOCATION OF WELL by legal description:
 County KLAMATH Latitude _____ Longitude _____
 Township 39 S N or S. Range 9 E E or W. WM. _____
 Section 5 NW 1/4 SE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) NEAR END OF ABILENE AVE. KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:
138 ft. below land surface. Date 09-24-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 191 FT.

From	To	Estimated Flow Rate	SWL
191	212	5 GPM	138
240	253	15 GPM	138
364	454	230 GPM	138

(12) WELL LOG:
 Ground elevation 4050

Material	From	To	SWL
TOP SOIL	0	1	
BROWN SANDSTONE	1	6	
BLACK & BROWN LAVA ROCK	6	8	
BROWN SANDSTONE	8	10	
BLACK ROCK	10	12	
BROWN CLAYSTONE	12	96	
BROWN SANDSTONE	96	119	
BROWN CLAYSTONE	119	132	
BLUE CLAYSTONE	132	141	
BROWN CLAYSTONE	141	162	
GRAY CLAYSTONE	162	191	
BLACK SANDSTONE	191	212	138
GRAY CLAYSTONE	212	240	
BLACK SANDSTONE	240	253	138
GRAY CLAYSTONE	253	364	
SANDSTONE & GRAVEL	364	454	138

Date started 09-27-94 Completed 09-29-94

(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 Nancy Dwyer Date 9-30-94