

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

17
 KLAMATH RECEIVED
 11351

JUN 19 1995

(START CARD) # 56089

38S/9E/32bc

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Well Number 8
 Name City of Klamath Falls
 Address P.O. Box 237
 City Klamath Falls State OR Zip 97601

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 794 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE RE-SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
No new drilling						
			Cement	0	67	468 sks
			Cement	126	163	490 sks

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 67 ft. to 126 ft. Material sand

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12	+3	163	.250	<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) 163-164

(7) PERFORATIONS/SCREENS: see (12)

		Method		Material			
		Type				Casing	Liner
From	To	Slot size	Number	Diameter	Tele/pipe size		
						<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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Time
1850	8		1 hr.

Temperature of water 68°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: _____

SEI 9509

WATER RESOURCES DEPT. SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____
 Township 38S N or S Range 9E E or W. WM.
 Section 32 SW 1/4 of NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Conger Avenue
Klamath Falls, OR

(10) STATIC WATER LEVEL:

2 ft. ^{above} _{below} land surface. Date 5/11/95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

N.A. - No New Drilling

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation Approximately 4088'

Material	From	To	SWL
No new drilling - recased and sealed as follows:			
1. Perforated old 16" diameter casing from 162' to surface with approximately 800 - 3/8x3 mills knife perforations.			
2. Temporarily backfilled with pea gravel from 794' up to 171' and then bentonite up to 165'.			
3. Installed new 12" diameter casing with stab-in cementing float shoe.			
4. Pumped lower grout seal.			
5. Placed annular sand backfill.			
6. Placed upper grout seal.			
7. Drilled out shoe and bentonite and removed pea gravel backfill.			
8. Test pumped.			

Date started 3/20/95 Completed 5/18/95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed _____ WWC Number 1367
 Date 6/16/95

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed _____ WWC Number 649
 Date 6/16/95