

Sec corr by WRD staff

**KLAMATH**  
11447

302/9E/9B7  
71514

**STATE OF OREGON  
WATER WELL REPORT**

(as required by ORS 537.765)

(START CARD) #

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

**(1) OWNER:**

Name KENNETH EMERY Well Number \_\_\_\_\_  
Address 770 Boy 97  
City Silver Lake State OR Zip 97638

**(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 455 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>14 1/2</u>	<u>0</u>	<u>100</u>				
<u>10</u>	<u>100</u>	<u>455</u>				

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*no casing added*

Final location of shoe(s)

**(7) PERFORATIONS/SCREENS:**

		Method		Material			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 1500 Drawdown \_\_\_\_\_ Drill stem at 455 Time 1 hr

Temperature of water 54 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: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**

County KLAMATH Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 38 N or S Range 9E E or W. WM. \_\_\_\_\_  
Section 9 SE 1/4 NW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

19 ft. below land surface. Date 7-2-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

*reamed hole 76 to 100*

**(12) WELL LOG:**

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>BROWN SHALE</u>	<u>76</u>	<u>100</u>	<u>19</u>

**RECEIVED**  
AUG - 8 1995  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 6-27 95 Completed 7-2 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.

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

WWC Number 567  
Signed Med Search Date 7-2 95