

(1) OWNER: SALEM, OREGON
Name KLAMATH MEDICAL CLINIC Building
Address 1905 Main Street
Klamath Falls, Oregon

(2) LOCATION OF WELL:
County Klamath Owner's number, if any—
¼ Section T. R. W.M.
Bearing and distance from section or subdivision corner
1905 Main Street, Klamath Falls, Ore.

TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

PROPOSED USE (check): (5) TYPE OF WELL:
Domestic Industrial Municipal Rotary Driven
Irrigation Test Well Other Cable Jetted
Dug Bored

(6) CASING INSTALLED: Threaded Welded
12" Diam. from Top ft. to 219 ft. Gage 1/4" Wall
10" Diam. from 210 ft. to 355 ft. Gage 3/16
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS: Perforated? Yes No
Type of perforator used Torch
SIZE of perforations 3/8" in. by 6" in.
28 perforations from 335 ft. to 355 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(8) SCREENS: Well screen installed Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
In. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION:
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal—
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level Artesian ft. below land surface Date _____
Artesian pressure 2 Lbs. lbs. per square inch Date 4/21/58

Log Accepted by: Klamath Medical Clinic Bldg.
[Signed] [Signature] Date 4-22-58, 19____
[Signature] (Owner)

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " "
" " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow 280 g.p.m. Date 4/18/58
Temperature of water 204 Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well 12" inches.
Depth drilled 364 ft. Depth of completed well 364 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

| MATERIAL | FROM | TO |
|------------------------------------|------|-----|
| Top oil | 0 | 2 |
| Hard Pan | 2 | 6 |
| Hard Yellow chalk | 6 | 20 |
| Sand Stone | 20 | 26 |
| Gritty Yellow Clay | 26 | 31 |
| Blue clay | 31 | 50 |
| Blue Shale | 50 | 85 |
| Rock | 85 | 87 |
| Hard Blue Shale | 87 | 132 |
| Extra Hard Shale | 132 | 168 |
| Blue Rock | 168 | 169 |
| Hard Blue shale | 169 | 181 |
| Blue Rock | 181 | 185 |
| Blue shale | 185 | 201 |
| Brown Shale | 201 | 242 |
| Blue Shale | 242 | 325 |
| Shale with rock shells | 325 | 352 |
| Black rock with good flow of water | 352 | 364 |

Work started March 19 58 Completed April 19 58

(13) PUMP:
Manufacturer's Name _____
Type: _____ H.P. _____

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME OREN L. STOREY, WELLDRILLING
(Person, firm, or corporation) (Type or print)
Address 2615 Ward St., K. Falls, Oreg.
Driller's well number _____
[Signed] Oren Storey
(Well Driller)
License No. 194 Date 4/21, 19 58