

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.765) **WATER RESOURCES DEPT.**

DEC 31 1986

KLAM  
 1219

35S/7E 9ba

**SALEM, OREGON**

**(1) OWNER:**  
 Name Quinten Breen  
 Address HC 30 Box 1041  
 City Chiloquin, State OR. Zip 97624  
 Owner's Well Number: 2

**(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:**  
 Depth of Completed Well 299 ft.  
 Special Standards date of approval \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	59	cement	0	59'	15 sacks

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: 6"	+1	59	.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) 59 1/2'

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ 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  Bailer  Air  Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/4 hr
100		295	1 hr
30		155	1 hr.

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done  No  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 35 south N or S, Range 7 east E or W, WM.  
 Section 9 NE 1/4 NW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) HC 30 Box 1041  
Chiloquin, OR. West of Hwy. 97

**(10) STATIC WATER LEVEL:**  
122 ft. below land surface. Date 12, 22, 86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WELL LOG:** Ground elevation 4220

Material	From	To	WB?	SWL
Top soil	0	2		
Claystone	2	9		
Brown clay	9	82		
Blue clay	82	135		
Grey claystone	135	217	x	122'
Layers of blue clay & gravel	217	278		
Black rock	278	299	x	122'

Date started 12, 22, 86 Completed 12, 22, 86

**(unbonded) Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

**(bonded) Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.  
 Signed Norm Sevey Date 12, 29, 86  
 Company Norm Sevey Well Drilling Co. No. \_\_\_\_\_