

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

RECEIVED  
 AUG - 4 1986  
 KLAMATH 13269  
 39S/10E-27ab

**(1) OWNER:** Owner's Well Number: \_\_\_\_\_  
 Name William Turnock  
 Address 4735 S.W. Oak Ridge  
 City Lake Oswego. State OR. Zip 97034

**(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 test

**(5) BORE HOLE CONSTRUCTION:**  
 Depth of Completed Well 654 ft.  
 Special Standards date of approval none

Diameter	HOLE		SEAL		Amount sacks or pounds
	From	To	Material	To	
12"	0	46	cement	0	15 sacks
8"	46	654			

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:**

Casing:	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					XX									
	8"	+1	47'	.250	XX						XX			
Liner:	none													

Final location of shoe(s) no shoe used

**(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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**

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
185	600	600	1 hr
55	55	55	1 hr

Temperature of water 57 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: 547

**(9) LOCATION OF WELL by legal description:**  
 County Klamath Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 39 south N or S, Range 10 east E or W, WM.  
 Section 27 NW 1/4 NE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Crystal Springs RD.

**(10) STATIC WATER LEVEL:**  
 \_\_\_\_\_ 45 ft. below land surface. Date 7,1,86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WELL LOG:** Ground elevation 4000

Material	From	To	WB?	SWL
Top soil & boulders	0	3		
Brown clay & gravel	3	5		
Yellow clay	5	45		
Blue clay	45	203		
Blue clay with streaks of black sand	203	207		
Blue clay	207	280		
Blue clay with streaks of black sandstone	280	356		45'
Blue claystone	356	408		
Blue claystone with streaks of black sand	408	415		45'
Blue claystone	415	421		
Coarse sand & gravel	421	425		
Blue claystone	425	543		
White pumice	543	547		45'
Blue clay	547	649		
Black rock (hard)	649	654		

Date started 6, 18, 86 Completed 7,1,86

**(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 7,31,86

Company Norm Sevey Well Drilling Job No. \_\_\_\_\_