NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

RECEIVED
AUG 3 - 1972
STATE ENGINEER
SALEM OREGON

WATER WELL REPORT
STATE OF OREGON
(Please type or print) *13723*
(Do not write above this line)

State Well No. *40S/8E-6*

State Permit No. _____

STATE ENGINEER, SALEM, OREGON 97310
within 30 days from the date
of well completion.

(1) OWNER:
Name *Klamath River Acres*
Address *P.O. Box 52*
Keno, Oregon

(2) TYPE OF WORK (check):
New Well ☑ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:
Rotary ☑ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):
Domestic ☑ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) CASING INSTALLED: Threaded ☐ Welded ☑
6 " Diam. from *+1* ft. to *19* ft. Gage *1250*
____ " Diam. from ____ ft. to ____ ft. Gage ____
____ " Diam. from ____ ft. to ____ ft. Gage ____

(6) PERFORATIONS: Perforated? ☐ Yes ☑ No.
Type of perforator used ____
Size of perforations ____ in. by ____ in.
____ perforations from ____ ft. to ____ ft.
____ perforations from ____ ft. to ____ ft.
____ perforations from ____ ft. to ____ ft.

(7) SCREENS: Well screen installed? ☐ Yes ☑ No
Manufacturer's Name ____
Type ____ Model No. ____
Diam. ____ Slot size ____ Set from ____ ft. to ____ ft.
Diam. ____ Slot size ____ Set from ____ ft. to ____ ft.

(8) 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 *25* gal./min. with *276* ft. drawdown after *15* hrs.
Artesian flow ____ g.p.m.
Temperature of water ____ Depth artesian flow encountered ____ ft.

(9) CONSTRUCTION:
Well seal—Material used *neet cement*
Well sealed from land surface to *19* ft.
Diameter of well bore to bottom of seal *10* in.
Diameter of well bore below seal *6* in.
Number of sacks of cement used in well seal *5* sacks
Number of sacks of bentonite used in well seal ____ sacks
Brand name of bentonite ____
Number of pounds of bentonite per 100 gallons
of water ____ lbs./100 gals.
Was a drive shoe used? ☐ Yes ☑ No Plugs ____ Size: location ____ ft.
Did any strata contain unusable water? ☐ Yes ☑ No
Type of water? ____ depth of strata ____
Method of sealing strata off ____
Was well gravel packed? ☐ Yes ☑ No Size of gravel: ____
Gravel placed from ____ ft. to ____ ft.

(10) LOCATION OF WELL:
County *Klamath*   Driller's well number
¼ ¼ Section *6* T. *40* R. *8E* W.M.
Bearing and distance from section or subdivision corner *45' south*
220' east from the north west
property corner

(11) WATER LEVEL: Completed well.
Depth at which water was first found *197* ft.
Static level *15* ft. below land surface. Date *7-11-72*
Artesian pressure ____ lbs. per square inch. Date ____

(12) WELL LOG: Diameter of well below casing *6*
Depth drilled *300* ft. Depth of completed well *300* ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. *Report each change in position of Static Water Level and indicate principal water-bearing strata.*

MATERIAL	From	To	SWL
Soil - sandy - Brown	0	9	
Clay - brown	9	11	
Basalt - bluegrey	11	197	
Basalt with seams	197	235	15
Basalt - bluegrey	235	267	
Basalt with seams	267	291	15
Basalt - bluegrey	291	300	

Work started *7-10* 19 *72* Completed *7-11* 19 *72*
Date well drilling machine moved off of well *7-11* 19 *72*

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] *Franha Stwood* Date *7-14*, 19 *72*
(Drilling Machine Operator)
Drilling Machine Operator's License No. *344*

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name *Crater Well Drilling Inc*
(Person, firm or corporation) (Type or print)
Address *1923 Delta Waters Rd Medford*
[Signed] *Franha D Stwood*
(Water Well Contractor)
Contractor's License No. *545* Date *7-14*, 19 *72*

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119