

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

KLAM
 14121

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MAR 31 1988

395/8E-7aa

(1) OWNER: Owner's Well Number: 1470
 Name Roy E. Trowbridge
 Address 791 La Cruz Lane
 City Vacaville, State CA. Zip 95688

(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 233 ft.
 Special Standards date of approval none

HOLE Diameter	From		Material	SEAL From To		Amount sacks or pounds
	meter	feet		meter	feet	
12"	0	19	cement	0	19	8 sacks
8"	20	233				

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
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8"	+1	20	.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"/>

Location of shoe(s) no shoe

(7) PERFORATIONS/SCREENS:
 Perforations Method none
 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"/>

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

Yield gal/min	Pumping level	Drill stem at	Flowing
			Artesian
200		230'	<input checked="" type="checkbox"/>
100		185'	<input type="checkbox"/>
75		170'	<input type="checkbox"/>

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 none
 Depth of strata: _____

(9) LOCATION OF WELL Legal description:
 County CLATSOP Latitude _____ Longitude _____
 Township 39 S N or S, Range 8 E E or W, WM.
 Section 7 NE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Round Lake Rd.

(10) STATIC WATER LEVEL:
139 ft. below land surface. Date 3,24,88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation approx. 4350

Material	From	To	WB?	SWL
Top soil and boulders	0	8		
Black rock	8	29		
Brown lava rock	29	73		
Black lava rock	73	92		
Brown clay	92	130		
Red lava rock	130	141		
Black lava rock	141	185	10	139'
Red lava rock	185	196	10	139'
Brown lava rock	196	216	50	139'
Fractured gray rock	216	233	150	139'

Date started 3,23,88 Completed 3,24,88

(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 3,25,88
 Company Norm Sevey Well Drilling WWC# 408
 Co. 50b No. 408

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MAR 24 1988

8801 10 11

No 1470

WATERMASTER

"START CARD"

NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

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MAR 25 1988

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well. WATER RESOURCES DEPT. SALEM, OREGON

Owner's Name and Mailing Address

Roy C. Trowbridge
791 LA CRUZ Lane
Vacaville CA 95688

Proposed Commencement Date MARCH 23-88

Proposed Well Depth 220', Diameter 8"

and Use:

Domestic
 Thermal

Community
 Injection

Industrial
 Other

Irrigation

Proposed Well Location: County KLAMATH

Township 39 S (N or S) Range 8 E (E or W) Section 7

At least 2 of these must be provided

1. NE 1/4 of NE 1/4 of above section
2. street address of well location 1622
ROUND LAKE ROAD
3. tax lot number of well location _____
4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Roy C. Trowbridge
Owner's Signature

x Norm Sevey
Bonded Water Well Constructor

owner
Title

License No. 408

3-21-1988
Date

Company Norman Sevey Well Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.