

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

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KLAM
 14123

39S/8E-7NW

APR 30 1987

(1) OWNER:

Name Mark DiMatteo Well Number: _____
 Address 2530 ROUND LAKE RD
 City KIAMATH FALLS State OREGON Zip 97603

(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:

Soil Construction approval Yes No Depth of Completed Well 212 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
<u>4"</u>	<u>0</u> <u>20</u>	<u>Concrete & Bit</u>	<u>0</u> <u>20</u>	<u>30 #2</u>
<u>4"</u>	<u>20</u> <u>212</u>			

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
	<u>10"</u>	<u>-1</u>	<u>20</u>	<u>250</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>

Final location of shoe(s) _____

PERFORATIONS/SCREENS: NONE

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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>300</u>	<u>67</u>	<u>190</u>	<u>1 hr.</u>
<u>200</u>	<u>47</u>	<u>170</u>	<u>1 hr.</u>

Temperature of water 58 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: _____

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____
 Township 39 South N or S, Range 8 EAST E or W, WM.
 Section 7 NE $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2530 ROUND LAKE RD
KIAMATH FALLS, OREGON. 97603

(10) STATIC WATER LEVEL:

123 ft. below land surface. Date 4-28-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 158

From	To	Estimated Flow Rate	SWL
<u>158</u>	<u>212</u>	<u>350</u>	<u>123</u>

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
<u>Top soil</u>	<u>0</u>	<u>1</u>	
<u>Brown clay</u>	<u>1</u>	<u>15</u>	
<u>Black Lava Rock</u>	<u>15</u>	<u>56</u>	
<u>Bubbly Brown Lava Rock</u>	<u>56</u>	<u>104</u>	
<u>Black Lava Rock</u>	<u>104</u>	<u>121</u>	
<u>Brown sandstone</u>	<u>121</u>	<u>130</u>	
<u>Brown clay</u>	<u>130</u>	<u>146</u>	
<u>BROWN LAVA ROCK</u>	<u>146</u>	<u>158</u>	
<u>BLACK LAVA ROCK</u>	<u>158</u>	<u>163</u>	<u>123</u>
<u>Bubbly BROWN LAVA ROCK</u>	<u>163</u>	<u>172</u>	<u>123</u>
<u>BROKEN BROWN LAVA ROCK</u>	<u>172</u>	<u>212</u>	<u>123</u>

Date started 4-23-87 Completed 4-28-87

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 777
 Signed Stephen R. Hughes Date 4-28-87