

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

RECEIVED

JUN 19 1987

KLAMATH
1747

36 & 6E-4

(1) OWNER:
 Name *Harriman RFPD* Well Number: _____
 Address *Harriman Rt. Bx 7311* SALEM, OREGON DEPT _____
 City *Klamath Falls* State *Or* Zip *97601*

(9) LOCATION OF WELL by legal description:
 County *Klamath* Latitude _____ Longitude _____
 Township *36S* N or S, Range *6E* E or W, WM.
 Section *4* *NE* ¼ *NE* ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(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:
 Special Construction approval Yes No Depth of Completed Well *230* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
<i>16"</i>	<i>0 18</i>	<i>Cement</i>	<i>0 18</i>	<i>10</i>

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from *36* ft. to *18* ft. Size of gravel *PER.*

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
<i>12"</i>	<i>+1</i>	<i>205</i>	<i>.250</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) *205'*

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	Drawdown	Drill stem at	Time
<i>100</i>	<i>0</i>	<i>12'</i>	<i>(1 hr.)</i>

Temperature of water *45°* Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom *Driller*
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other *SURFACE*
 Depth of strata: *5'*

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date *6/3/87*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found *5'*

From	To	Estimated Flow Rate	SWL
<i>5'</i>	<i>5 1/2'</i>	<i>1 gpm.</i>	<i>5</i>
<i>36</i>	<i>38</i>	<i>20 gpm</i>	<i>15</i>
<i>118</i>	<i>122</i>	<i>20 gpm</i>	<i>15</i>
<i>203</i>	<i>230</i>	<i>100 gpm</i>	<i>9'</i>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<i>Gravel & Clay Bun.</i>	<i>0</i>	<i>3</i>	
<i>Sand Congl. & Brn Clay</i>	<i>3</i>	<i>17</i>	<i>5'</i>
<i>Gray Clay</i>	<i>17</i>	<i>19</i>	
<i>Gray Clay + Sand</i>	<i>19</i>	<i>36</i>	
<i>Blk Sand + Pumice gravel</i>	<i>36</i>	<i>38</i>	<i>15</i>
<i>" " + Clay</i>	<i>38</i>	<i>46</i>	
<i>Brn Clay + Layers Gravel</i>	<i>46</i>	<i>118</i>	
<i>Large gravel + Layers Brn Clay</i>	<i>118</i>	<i>122</i>	<i>15</i>
<i>Coarse Sand + Clay</i>	<i>122</i>	<i>174</i>	
<i>Gravel + Brn Clay Congl.</i>	<i>174</i>	<i>203</i>	
<i>Brn + Red Cinder Congl.</i>	<i>203</i>	<i>230</i>	<i>9</i>

Date started *5/18/87* Completed *6/5/87*

(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.
 Signed _____ WWC Number _____
 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.
 Signed *Larry J. Despain* WWC Number *1228*
 Date *6/5/87*