

RECEIVED

STATE OF OREGON
WATER WELL REPORT 1986
(as required by ORS 537.765)

KLAM
1959

36S/11E-13db

WATER RESOURCES DEPT

(1) OWNER: SALE XXXXX Permit No. G-2231
Name Gordon Smith
Address 2932 Seckel Rd.
City Medford State Oregon Zip 97054

(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
 Geothermal Injection Other

(5) BORE HOLE CONSTRUCTION:
Depth of Completed Well 1100 ft.
Special Standards date of approval _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
4"	0 190	Cement	0 190	125 sacks

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	Material			
					Steel	Plastic	Welded	Threaded
	10"	1	190	.250	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 190'

(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
 Pump Bailer Air Flowing Artesian
Yield gal/min 700 Pumping level flowing Drill stem at _____ Time 1 hr
700 " " " " " " " "

Temperature of water 65° 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 36 S N or S, Range 11 E E or W, WM.
Section 13 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) St. Rt. 2, Box 894
Sprague River, Oregon 97369

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 35 lb. per square inch. Date 3/20/86

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Tan soil & rock	0	4		15'
Light brown tuff, hard	4	25		
Tan clay, gritty	25	37		
Brown basalt, occ. tuff fracture	37	60	?	
White clay, occ. claystone, gritty	60	83		
Gray-brown basalt/tuff, broken	83	95	?	
Tan clay/claystone-occ. rock	95	170		
Gray tuff/basalt	170	190	?	
Note: A. Junk in hole, steel pipe				
	160	190		
B. 10" Casing set over existing 8" casing @ 175 - lap grouted with 10" casing.				
Measured total depth		1100		

Date started 12/13/85 Completed 3/20/86

(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 [Signature] Date 4-2-86
Company A. M. JANNSEN WELL DRILLING CO. Co. Job No. _____