

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

KLAMATH 2004
RECEIVED
 SEP 29 1986

305/11E-24dd

(1) OWNER: Owner's Well No. _____
 Name Bruce Topham, Flying T. Ranch
 Address H.C. 63, Box 894
 City Sprague River State Oregon Zip 97639

(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 400 ft.
 Special Standards date of approval _____

HOLE meter	From		To		Material	SEAL		Amount sacks or pounds
	From	To	From	To		From	To	
20"	0	230	0	80	Grout	0	80	55 sacks (C)
25"	230	410	200	230	Grout	200	230	25 sacks (D)

How was seal placed? Method A B C D E
 Other Topseal - C, Bottom seal - D
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 80 ft. to 200 ft. Size of gravel 1/2"

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					API	5L						
	16"	+1 1/2	50	.375	<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"/>
	16"	50	200	.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"/>
	16"	200	230 1/2	.375	<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: _____

Location of shoe(s) _____

(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	Pumping level	Drill stem at	Time
600	82.6		1/2 2 hrs
800	84.2		1/2 4 hrs
1100	86.7		24 hrs

Temperature of water 50° F 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 24 SE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
same as owner

(10) STATIC WATER LEVEL:
81.5 ft. below land surface. Date 9/19/86
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation 4400'

Material	From	To	WB?	SWL
Brown sand, sandstone, & claystone	0	12		
Black sandstone & brown claystone	12	30		
Brown claystone	30	50		
Gray-black claystone	50	72		
Gray-brown conglomerate	72	100		
Gray-black claystone - occ. conglomerate	100	120	WB	
Brown claystone, occ. sandstone streak	120	130	WB	
Black sandstone, occ. claystone	130	160	WB	
Brown sandstone & claystone	160	200	WB	
Black sandstone & claystone	200	220	WB	
Brown clay & claystone	220	233		
Brown sandstone & claystone & conglomerate	233	285		
Black & brown lava & cinders, broken	285	300	WB	
Red-brown lava & cinders, broken	300	340	WB	
Brown conglomerate (tuff) broken	340	355	WB	
Gray basalt & tuff, very broken	355	395	WB	81.5
Gray-brown basalt, occ. fine fracture	395	410		

Date started 7/1/86 Completed 9/19/86

(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 A. M. Jannsen Date 9/26/86
 A. M. JANNSEN WELL DRILLING CO., INC.
 Company _____ Co. Job No. _____