

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

KLAM 339
WATER WELL REPORT

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date
of well completion.

RECEIVED

STATE OF OREGON
(Please type or print)

KLAM
339

State Well No. 245/7E-70a
State Permit No. _____

JAN 26 1978 (Do not write above this line)

(1) OWNER: WATER RESOURCES DEPT.
Name EMERY OWENS SALEM, OREGON
Address SUITE 7 OWENS Bldg. GARDEN GROVE, CALIF.

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: Rotary Cable Dug Driven Jetted Bored
(4) PROPOSED USE (check): Domestic Industrial Municipal Irrigation Test Well Other

CASING INSTALLED: 12" Diam. from 0 ft. to 50 ft. Gage 250
Threaded Welded

PERFORATIONS: Perforated? Yes No.
Type of perforator used TOUCH
Size of perforations 1/4 in. by 8 in.
50 perforations from 30 ft. to 50 ft.

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____ Model No. _____
Type _____ Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? CAMPMAN
Yield: 30 gal./min. with 20 ft. drawdown after 24 hrs.
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
Temperature of water 46 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION: Well seal—Material used CEMENT
Well sealed from land surface to 30 ft.
Diameter of well bore to bottom of seal 20 in.
Diameter of well bore below seal 20 in.
Number of sacks of cement used in well seal 65 sacks
How was cement grout placed? POURED IN

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: 1/4 to 1/2
Gravel placed from 30 ft. to 50 ft.

(10) LOCATION OF WELL:
County KLAMATH Driller's well number 75-77
N1/2 SW 1/4 Section 27 T. 24S. R. 7E W.M.
Bearing and distance from section or subdivision corner
1000' W + 300'S of CENTER OF SEC 7

(11) WATER LEVEL: Completed well.
Depth at which water was first found 34 ft.
Static level 6 ft. below land surface. Date 12-26-77
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG: Diameter of well below casing 6
Depth drilled 200 ft. Depth of completed well 50 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
CLAY + PUMMUS	0	8	
CLAY + BOULDERS	8	18	
CINDER STONIE (GOLF) BED	18	30	
SAND + MED GRAVEL	30	42	6
SAND + CLAY	42	48	
CLAY BED	48	55	
BROOKH BASALT	55	115	
BASALT	115	200	

Work started 11-9 1977 Completed 12-26 1977
Date well drilling machine moved off of well 12-26 1977

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Cliff M. Carr Date 1-2, 1978
(Drilling Machine Operator)
Drilling Machine Operator's License No. 997

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name CARRIER Well Drilling
(Person, firm or corporation) (Type or print)
Address 1224 NIE KLAMATH
[Signed] Cliff M. Carr
(Water Well Contractor)
Contractor's License No. 599 Date 1-2, 1978



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D. Number.

I. OWNER INFORMATION

Current Owner Name (please print): Diamond Peaks @ Leisure Wood
 Mailing Address: PO Box 122
 City: Crescent Lake State: OR Zip: 97124
 Mailing Address (to send Well I.D.): _____
 City: _____ State: _____ Zip: _____

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 24 S (North/South) Range: 7 E (East/West) Section: 7 C
 Tax Lot: 1102 County: Klamath NE 1/4 SW 1/4
 Street Address of Well: _____ City: _____
 Owner at time the well was constructed, (if known): On well log
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
 Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____
 Other Information: Jeremy Giffin matched the well log with the correct well, summer of 2010
 SUBMITTED BY (please print): David Bates Assistant Watermaster Dist. 11
 PHONE: 541-388-6669 FAX: 541-388-5101

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

<i>For Official Use Only by the Oregon Water Resources Department</i>		
Received Date: _____	Well Log Number: <u>KLAM 339</u>	Well Identification #: <u>L94623</u>