RECEIVED

MAR 20 1996

WATER RESOURCES DEPT.
SALEM, OREGON

KLAM 50213

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

(START CARD) # W-86410

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____

Name Renee Peterson

Address 53925 Pine Grove Rd (P.O. Box 2103)

City Lapine State OR Zip 97739

(2) TYPE OF WORK

☑ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☑ Cable ☐ Auger

☐ Other _____

(4) PROPOSED USE:

☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☑ No Depth of Completed Well 110 ft.

Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	18	Holeplug	0	18	400 LBS
6	18	110				

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	110	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☑ Perforations Method torch cut

☐ Screens Type 250 Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	110	18	24	6		☑	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
18	5'		2 Hr ~~1 hr.~~

Temperature of water 43 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: 78 - 100

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____

Township 23-S N or S Range 10-E E or W. WM.

Section 36 D _____ 1/4 _____ 1/4

Tax Lot 2400 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Alder Wood San Forest

(10) STATIC WATER LEVEL:

78 ft. below land surface. Date 3-15-96

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 78

From	To	Estimated Flow Rate	SWL
78	110	12-15	78

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Pumice soil	0	6	78
Sand gravel clay	6	28	
Blue clay	28	78	
Sand mud	78	100	
Brown sand sm cinders	100	110	

Date started 3-13-96 Completed 3-16-96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1559

Signed _____ Date 3-17-96

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER