

KLAM 50445 *KLAM 50445*

375/108/19CD

LD 8646

(START CARD) # 22384

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

Well Number: 108646

Name Ted Wenine
Address P.O. Box 5079
City Klamath Falls State Ore Zip 97601

☐ New Well ☒ Deepen ☐ Recondition ☐ Abandon

☐ Rotary Air ☐ Rotary Mud ☒ Cable
☐ Other _____

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 220 ft.

Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
	85	220				

☐ Other

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	18"	#1'	26'	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"/>
Liner:	12"	+6'	220	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Mills Knife
☐ Screens Type _____ Material _____

[illegible]

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
 ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1800	53' (126')	150'	4 hrs

Was a water analysis done? ☐ Yes By whom _____

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

County Klamath Latitude _____ " Longitude _____
Township 37 N of S Range 10 E of W, WM.
Section 19 SE $\frac{1}{4}$ SW $\frac{1}{4}$
Tax Lot 3700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) End of Collman Rd.

7.3' ft. below land surface. Date 8/9/96
Artesian pressure _____ lb. per square inch. Date _____

From	To	Estimated Flow Rate	SWL
118'	165'		73'

Ground elevation Approx. 4230'

Material	From	To	SWL
dark grey-black hard packed cinders to softer layers of same		85° 220° 73°	
RECEIVED SEP - 9 1996 WATER RESOURCES DEPT. SALEM, OREGON			

Date started 6/17/96 Completed 8/9/96

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 _____

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.

belief. Clyde E. Hill WWC Number 807
Signed Clyde E. Hill Date 8/21/96