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WELL I.D.#

XXXX L10231

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

WATER RESOURCES DEPT.

(START CARD) # 83031

Instructions for completing this report are on the back of this card.

(1) OWNER: Well Number _____
Name Barney Allen
Address 37291 Agency Lake Loop Rd.
City Chiloquin, State OR Zip 97624

(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 355 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	73	cement	0	20	15
8"	73	250				
6"	250	350				

How was seal placed: Method A B C D E
 Other

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from -20 ft. to 73 ft. Size of gravel pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	2	250	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	240	360		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
190	260	3/16x3	8/ft	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
240	360	1/8x3	8/ft	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 13.5 Drawdown 24 Drill stem at _____ Time 1 hr.

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? NO Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 35S N or S Range 7E E or W. WM.
Section 6 NE 1/4 SW 1/4
Tax Lot 6000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 37291 Agency Lake Loop Rd.

(10) STATIC WATER LEVEL:
46 ft. below land surface. Date 7/15/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
80	360		46

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy topsoil	0	2	
Brn sand & clay	2	15	
Brn sandstone	15	70	
Fine black sand/layers of clay	70	290	
Blk sand stone w/washed gravel	290	360	

Date started 3/27/97 Completed 7/15/97

(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.
WVC 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.
WVC Number 1228
Signed Larry A. Delpain Date 7/22/97