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WELL I.D.# L10246

OCT 30 1997

STATE OF OREGON
WATER SUPPLY WELL REPORT

(START CARD) # 83051

(as required by ORS 537.765)

WATER RESOURCES DEPT.

Instructions for completing this report are on BAKEM OREGON.

(1) OWNER: Well Number _____
Name Jim Forrester
Address 6565 Haskins Rd.
City Bonanza State OR Zip 97623

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	21	cement	0	21	
10	21	98				

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: 10	+1 1/2	21	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
Table content is crossed out with a diagonal line.								

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 120 Drawdown 3' Drill stem at _____ Time 1 hr.

Temperature of water 54° Depth Artesian Flow Found _____
Was a water analysis done? 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 38S N or S Range 11E E or W. WM.
Section 7 SW 1/4 SW 1/4
Tax Lot 1700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6565 Haskins Rd.

(10) STATIC WATER LEVEL:
70 ft. below land surface. Date 10/22/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
96	98	130	70

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Cobbles and topsoil	0	1 1/2	
Brn sand stone	1 1/2	4	
Yellow clay	4	13	
Gray basalt	13	38	
Red lava	38	45	
Red and gray lava	45	50	
Brn lava	50	70	
Red lava	70	96	
Brn and gray lava	96	98	70'

Date started 9/27/97 Completed 10/22/97
(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.
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 1228
Signed Larry J. DeSpain Date 10/22/97