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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 401505
START CARD # 39910

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

(1) OWNER: Well Number #1
Name UPPER KLAMATH FARMS
Address PO Box 458
City FORT KLAMATH State ORE Zip 97626

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
9/8	0	19	BENTONITE	0	19	8 SACKS

How was seal placed: Method A B C D E
 Other 690-210-340
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: <u>6 7/8</u>	<u>+1</u>	<u>19</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19 FEET

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Temperature of water N/A 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: _____

(9) LOCATION OF WELL by legal description:
County KLAMATH Latitude _____ Longitude _____
Township 30S N or S Range 7 1/2 E E or W. WM.
Section 21 NW 1/4 NW 1/4
Tax Lot R765046 Block _____ Subdivision _____
Street Address of Well (or nearest address) NICHOLSON RD
FORT KLAMATH ORE

(10) STATIC WATER LEVEL:
4 ft. below land surface. Date 10/27/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 4 FEET

From	To	Estimated Flow Rate	SWL
UNDETERMINED			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BLACK CLAY TOPSOIL	0	4	
POMICE	4	6	
YELLOW CLAY	6	19	
WELL TEMPORARILY ABANDONED DUE TO RECESS IN CONSTRUCTION			
690-220-005			

Date started 10/27/97 Completed 10/27/97
(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 601
Signed [Signature] Date 11/10/97