

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

KLAM 51675

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39S/8E-Xud  
9E 6 NWSW

(1) OWNER: Jerry Schumann  
Name Jerry Schumann  
Address 5314 Mason Ln.  
City Klamath Falls State OR Zip 97601

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

BORE HOLE CONSTRUCTION:  
Depth of Completed Well 252 ft.  
Special Standards date of approval

HOLE			SEAL			Amount sacks or pounds
Diameter "	From	To	Material	From	To	
	0	19'	cement	0	19'	12 sacks

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:

Casing: Liner:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	"				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12"	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

PERFORATIONS/SCREENS: NONE  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/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 gal/min 500 Pumping level \_\_\_\_\_ Drill stem at 185' Time 1 hr

Temperature of water 60°F 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 39 S N or S, Range 8 E E or W, WM.  
Section 1 NE 1/4 SE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
98 ft. below land surface. Date 4-4-86  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WELL LOG: Ground elevation 4200

Material	From	To	WB?	SWL
Brown Sandy Soil	0	3		
Yellow Sandy Clay	3	12		
Yellow Clay	12	114		
Grey Shale	114	187		
Broken Blue & Black Basalt	187	252	yes	98'

Date started 4-3 Completed 4-4-86

(unbonded) Water Well Constructor Certification:  
I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(bonded) Water Well Constructor Certification:  
I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Norm Sevey Date 4-15-86

Company Norm Sevey Well Drilling Co. Job No. \_\_\_\_\_