

KLAM
52102

DEC 20 1999

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 29446

START CARD # 107252

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

(1) OWNER: Well Number _____
Name BUREAU OF LAND MANAGEMENT
Address 2595 Anderson AVE
City KLAMATH FALLS State ORE Zip 97601

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10 1/2	0	409	CEMENT	0	35	19 SACKS	

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 35 ft. to 409 ft. Size of gravel 1/8 x 3/8

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
6 5/8	+	1	409	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner:	Diameter	From	To	Material			
				Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 409 FEET

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
229	249	1/8 x 3				<input checked="" type="checkbox"/>	<input type="checkbox"/>
269	289	6 ROWS				<input type="checkbox"/>	<input type="checkbox"/>
309	329	30 PERFS				<input type="checkbox"/>	<input type="checkbox"/>
349	389					<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5		390	1 hr.

Temperature of water 65° 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 39S N or S Range 13E E or W. WM.
Section 12 NW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BLM CAMPFLOWER
GORDON RESERVOIR EAST OF LOGAN, ORE.

(10) STATIC WATER LEVEL:
216 ft. below land surface. Date 12/3/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 280 FEET

From	To	Estimated Flow Rate	SWL
280	409	5	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BROWN CLAY TOPSOIL / Boulders	0	6	
BROWN SANDY CLAY	6	29	
BLACK BASALT	29	35	
HARD BROKEN BLACK BASALT	35	99	
HARD RED ASH CLAY	99	106	
BROWN CLAY	106	147	
BROWN BASALT WITH CLAY ASH	147	280	
RED LOAM	280	287	
BLACK BASALT	287	329	
BROKEN BROWN BASALT WITH CLAY ASH	329	409	

Date started NOV 17, 99 Completed DEC 3, 99

(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.

Signed _____ Date _____
WWC Number _____

(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.

Signed _____ Date 12/15/99
WWC Number 601