

KLAMATH 52255
KLAM 52255

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

WELL I.D. # L _____
 START CARD # _____

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

(1) OWNER: Well Number _____
 Name Laurelhurst Pack Imp. Dist.
 Address 2807 WATSON
 City KLAMATH FALLS State OR Zip 97603

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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: <u>8</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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 N or S Range 9 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:
123.08 ft. below land surface. Date 03-01-2000
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>This well was constructed in the 1920's according to information provided by the permittee. On the static water level measurement report for year 2000, the depth of the well is unknown.</u>			
<u>This well is P.O.D # 1 for Permit G-13670 Application B-14699</u>			
<u>P. Craig Kowalek O.W.R.P.</u>			

Date started _____ Completed _____
 (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 _____
 Signed _____ Date _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Laurelhurst Park Improvement District
Mailing Address: 2807 Watson Street
City, State, Zip: Klamath Falls, OR 97603
Mail Well ID Tag to: [] SAME AS ABOVE [x] In Care Of (C/O)
Name & Address: Misty Phelps, 2815 Watson Street
City, State, Zip: Klamath Falls, OR 97603

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 39 South (North / South) Range: 9 East (East / West) Section: 1
Tax Lot: 1303 County Klamath NE 1/4 SE 1/4
GPS Coordinates: Latitude: 42.203713, Longitude: -121.698379
Street Address of Well, City: 2545 Watson Street, Klamath Falls, Oregon
If the property had a different street address in the past: N/A

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): domestic
Date Well Constructed (or property built): 1920 Total Well Depth: unknown Casing Diameter: 8"
Owner at time the well was constructed (if known): Blanche Balsiger
Other Information:

SUBMITTED BY (please print): Misty Phelps 2815 WATSON ST
PHONE: (541) 891-6586 EMAIL &/or FAX: mphelps6708@charter.net

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-17-15 Well Log Number: KLAM 52255 Well Identification #: L-118417

RECEIVED BY OWRD

APR 17 2015

SALEM, OR