

Klam  
52591

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L37535

START CARD # 108268

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Cross Roads Mobile Home Park  
Address 6767 Tingly Lane  
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 215 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6	0	218				

How was seal placed: Method  A  B  C  D  E  
 Other  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 105 ft. to 218 ft. Size of gravel pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<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:	-2	218		<input type="checkbox"/>	<input checked="" 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:

Perforations Method SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
178	218	1/5x3	4/Ft	4"		<input type="checkbox"/>	<input checked="" 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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
27	30'		1 hr.

Temperature of water 73 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? no  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 9E E or W. WM.  
Section 21 SW 1/4 NW 1/4  
Tax Lot 942970457 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 6767 Tingly Lane

(10) STATIC WATER LEVEL:  
16 ft. below land surface. Date 12/13/00  
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
Measure into 208'			
Bail and clean to 218'			
Pcs shale clay & silty shale.			
Installed PVC liner			
<del>XXXXXXXXXXXXXXXXXXXX</del>			
& gravel packed to 105'			
put 2' pea gravel inside 4" PVC.			

RECEIVED

DEC 22 2000

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 12/13/00 Completed 12/14/00

(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 H. Delpain Date 12/15/00