

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

KLAM 52647

ILL ID # L **L44999**
 (START CARD) # **125998**

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

(1) OWNER: Well Number: _____
 Name **JAMES ENMAN**
 Address **17011 CHEYNE RD.**
 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 **1141** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	175	CEMENT &	0		121
16	175	681	BENTONITE		175	8 SACKS
12	681	964				
8	964	1141				

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: 16	+1	176	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **176 FT.**

(7) PERFORATIONS/SCREENS:

Perforations Method **NONE**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2700 GPM		53 FT.	4 HR.

Temperature of Water **73 F** Depth Artesian Flow found **NONE**
 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: **NONE**

(9) LOCATION OF WELL by legal description:
 County **KLAMATH** Latitude _____ Longitude _____
 Township **40S** N or S. Range **10E** E or W. of WM.
 Section **20** SW 1/4 SW 1/4
 Tax lot **1400** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **17011 CHEYNE RD.**
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date **3/14/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **40 FT.**

From	To	Estimated Flow Rate	SWL
40	61	10 GPM	22
69	87	15 GPM	22
123	167	75 GPM	22
778	1141	4000 GPM	36

(12) WELL LOG: Ground elevation **4150**

Material	From	To	SWL
TOP SOIL	0	1	
SANDY BROWN CLAY	1	11	
YELLOW CLAY	11	29	
BROWN SANDSTONE	29	33	
SANDY BROWN CLAY	33	40	
MEDIUM BROWN SAND	40	61	22
BLUE CLAY	61	69	
GRAY CLAY W/STREAKS OF BLACK SAND	69	87	22
SANDY GRAY CLAY	87	123	
BLACK SANDSTONE	123	167	22
GRAY CLAY	167	778	
FRACTURED BLACK ROCK	778	991	36
BLACK & BROWN LAVA ROCK	991	1018	36
HARD BLACK ROCK	1018	1029	
BLACK & BROWN ROCK	1029	1111	
FRACTURED BLACK ROCK	1111	1141	36

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 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **2/14/2001** Completed **3/14/2001**

(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 my best 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 **777**
 Signed *Stephen R. Hughes* Date **3/16/2001**