

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)
 Instructions for completing this report are on the last page of this form

KLAM 52651

ID# L44987

(START CARD) # 133626

(1) OWNER: Well Number: Well #3
 Name DALE FLEMING
 Address 4500 O'CONNER 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 203 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	
14	0	50	CEMENT &	0		18 SACKS
10	50	203	BENTONITE		50	1 SACK

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: 10	+1.5	50	.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) NONE

(7) PERFORATIONS/SCREENS:
 Perforations Method NONE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>NONE</u>							

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

Yield gal/min	Drawdown	Drill stem at	Time
900 GPM		165 FT.	1 hr.

Temperature of Water 72 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 09 E or W. of WM.
 Section 23 NE 1/4 SE 1/4
 Tax lot 2800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) O'CONNER RD.
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:
98 ft. below land surface. Date 4/3/2001
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 115 FT.

From	To	Estimated Flow Rate	SWL
115	203	1000 GPM	98

(12) WELL LOG: Ground elevation 4150

Material	From	To	SWL
BROWN CLAY & BOULDERS	0	8	
BROWN CLAY	8	45	
BLACK & BROWN LAVA ROCK & BROWN CLAY	45	74	
BLACK LAVA ROCK	74	87	
BLACK & BROWN LAVA ROCK & BROWN CLAY	87	115	
FRACTURED BLACK & BROWN LAVA ROCK	115	165	98
BROKEN BLACK & BROWN LAVA ROCK	165	203	98

RECEIVED

APR 09 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3/27/2001 Completed 4/3/2001

(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.

Signed J. Bret Pinkard WWC Number 1560
 Date 4/6/2001

(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 Norm Sevey WWC Number 408
 Date 4/6/2001