

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 52656

LL ID # L 46315

(START CARD) # 133628

(1) OWNER: Well Number: _____
Name **ROBERT FASULO**
Address **34830 CLEAR VIEW DRIVE**
City **CHILOQUIN** State **OR** Zip **97624**

(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 **60** ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	20	CEMENT	0	20	7 SACKS	
6	20	60					

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: **6** **+1** **39** **.250** ☒ ☐ ☒ ☐
Liner: **NONE** ☐ ☐ ☐ ☐
Final location of shoe(s) **39 FT.**

(7) PERFORATIONS/SCREENS:
☐ Perforations Method **NONE**
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner
NONE ☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
15 GPM **12 FT.** **1 hr.**
Temperature of Water **48 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 **TOO SANDY**
Depth of strata: **24' TO 35'**

(9) LOCATION OF WELL by legal description:
County **KLAMATH** Latitude _____ Longitude _____
Township **35S** N or S. Range **07E** E or W. of WM.
Section **18BA** NE 1/4 SW 1/4
Tax lot **100** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **34830 CLEAR VIEW DRIVE**
CHILOQUIN, OR

(10) STATIC WATER LEVEL:
5 ft. below land surface. Date **4/5/2001**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **6 FT.**

From	To	Estimated Flow Rate	SWL
5	14	12 GPM	6
14	35	20 GPM	5
35	60	40 GPM	5

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

Material	From	To	SWL
TOP SOIL	0	5	
BROWN SAND & GRAVEL	5	14	6
BROWN CLAY W/STREAKS OF BROWN	14		
SAND & FINE GRAVEL		24	5
BLACK SAND	24	35	5
GRAY CLAY W/STREAKS OF BLACK SAND	35		
& FINE GRAVEL		42	5
BLACK SAND & FINE GRAVEL	42	60	5

RECEIVED
APR 09 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started **4/5/2001** Completed **4/5/2001**

(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**