KLAM 52664

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.

WELL I.D. # L 21701
START CARD # 135425

(1) LAND OWNER Well Number _____
Name Kim Nesbaum
Address 144214 Inglewood
City LaPine State OR Zip 97739

(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 135 ft.
Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
30"	0	26	Hydrofl-g	0	26	32 bags
	Not Sealed					

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☑ Perforations Method Saw Cut
☐ Screens Type Slot Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	115	.020	130%	5"		☐	☑
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
1-5			1 hr.

Temperature of water 45 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 N/C
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 23 N or S Range 10 E or W. WM.
Section 36 0 SE 1/4 SE 1/4
Tax Lot 13700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 144214 Inglewood LaPine OR. 97739

(10) STATIC WATER LEVEL:
98 ft. below land surface. Date 4-10-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 98

From	To	Estimated Flow Rate	SWL
98	135	1-5	98

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
A 20' f/c sand			98
screen was set			
also to show the			
sand is 115-135			
Well was sealed			
ed to 0-26			
30" O.D. 32 bags			
Bentonite.			

RECEIVED
APR 12 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-10-01 Completed 4-10-01

(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 1557
Signed _____ Date 4-10-01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER