

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

WELL I.D. # L 37559  
 START CARD # 139991

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

**(1) LAND OWNER** Well Number \_\_\_\_\_  
 Name Bar J Bar Ranches  
 Address 36121 Stastny Rd.  
 City Malin State OR Zip 97632

**(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 300 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Material	Sacks or pounds	
Diameter	From	To	From		To	

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
			1 hr.

Temperature of water \_\_\_\_\_ 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 \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**  
 County Klamath Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 41S N or S Range 11E E or W. WM.  
 Section 7 NE 1/4 SW 1/4  
 Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 36121 Stastny Rd.

**(10) STATIC WATER LEVEL:**  
160 ft. below land surface. Date 5/14/01  
 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
Retrieve 20' of			
14" perforated liner			
and copper tubing air line--			
small pcs. of copper			
tubing and 10 ga. casing			
on bottom.			

**RECEIVED**  
 MAY 16 2001  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 5,12/01 Completed 5/14/01

**(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 1228  
 Signed Larry J. Despain Date 5/15/01