

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

(1) OWNER: Well Number: _____
 Name **RICHARD & DONNA WESTSTEYN**
 Address **18990 CHIN 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 **1046** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
20	0 139	CEMENT &	0	36 SACKS	
12	139 872	BENTONITE		3 SACKS	
8	872 1046				

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	139	.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) **139 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
2000 GPM		135 FT.	1 hr.

Temperature of Water **72 F** Depth Artesian Flow found **NONE**
 Was a water analysis done? Yes No 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 **29** SW 1/4 SE 1/4
 Tax lot **800** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **18990 CHIN RD.**
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:
38 ft. below land surface. Date **5/17/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **26 FT.**

From	To	Estimated Flow Rate	SWL
26	85	30 GPM	24
911	1046	2500 GPM	38

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

Material	From	To	SWL
TOP SOIL	0	2	
SANDY BROWN CLAY	2	8	
BROWN SANDSTONE & GRAVEL	8	20	
YELLOW CLAY	20	26	
BROWN SANDSTONE	26	45	
BLUE CLAY W/STREAKS OF BLACK SAND & GRAVEL	45	85	24
GRAY CLAY	85	911	
BLACK LAVA ROCK	911	1001	38
BROKEN BLACK ROCK	1001	1046	38

RECEIVED

MAY 30 2001

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **5/7/2001** Completed **5/17/2001**

(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 _____ WWC Number _____
 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.

Signed *Stephen R. Hughes* WWC Number **777**
 Date **5/18/2001**