

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 133643

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

(1) OWNER: Well Number: **2**
 Name **D. SCOTT & GINGER JOHNSTON**
 Address **13619 HWY 66**
 City **KLAMATH FALLS** State **OR** Zip **97601**

(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 **400** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
14	0	18.5	BENTONITE	0	18.5	15 SACKS
10	18.5	400				

How was seal placed: Method A B C D E
 Other **POURED**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	10	+1.6	18.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: **NONE**

Final location of shoe(s) **NONE**

(7) PERFORATIONS/SCREENS:

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

Method **NONE**
 Type _____ Material _____

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

Yield gal/min	Drawdown	Drill stem at	Time
500 GPM		275	1 hr.

Temperature of Water **59 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 **39S** N or S. Range **08E** E or W. of WM. _____
 Section **32** **SW** 1/4 **NW** 1/4
 Tax lot **100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **13619 HWY 66 KLAMATH FALLS, OR 97601**

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date **5/25/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **92 FT.**

From	To	Estimated Flow Rate	SWL
92	172	100 GPM	62
172	210	30 GPM	62
210	287	370 GPM	62

(12) WELL LOG: Ground elevation **4200**

Material	From	To	SWL
TOP SOIL	0	4	
BROWN CLAY & LAVA ROCK	4	10	
BLACK LAVA ROCK	10	14	
BLACK & BROWN LAVA ROCK & BROWN CLAY	14	38	
BROWN LAVA ROCK & CLAY	38	92	
BLACK & BROWN LAVA ROCK W/STREAKS OF BROWN CLAY	92	172	62
BLACK & BROWN LAVA ROCK & CINDERS & BROWN CLAY	172	210	
BLACK & BROWN LAVA ROCK & CINDERS	210	287	62
FRACTURED BLACK LAVA ROCK	287	332	62
BLACK & BROWN LAVA ROCK & BROWN & RED CLAY	332	400	

RECEIVED

MAY 31 2001

WATER RESOURCES DEPT
 SALEM, OREGON

Date started **4/30/2001** Completed **5/25/2001**

(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. Brent Pinkard* WWC Number **1560**
 Date **5/25/2001**

(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 *Stephen R. Hughes* WWC Number **777**
 Date **5/25/2001**