

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

KLAM 52724

WELL ID # L **L44990**

(START CARD) # **140425**

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

(1) OWNER: Well Number: _____
 Name **TONY BAIR**
 Address **10221 HOMEDALE 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 **205** ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | sacks or pounds |
| 20 | 0 | 38 | CEMENT & | 0 | | 19 SACKS |
| 16 | 38 | 143 | BENTONITE | | 38 | 1 SACK |
| 10 | 143 | 205 | | | | |

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 | +2 | 38 | .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) **NONE**

(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 Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 2000 GPM | | 39 FT. | 1 hr. |
| 2500 GPM | | 45.5 FT. | 1 hr. |
| 3000 GPM | | 52 FT. | 1 hr. |

Temperature of Water **84 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 **SURFACE**
 Depth of strata: **17' TO 18'**

(9) LOCATION OF WELL by legal description:
 County **KLAMATH** Latitude _____ Longitude _____
 Township **39S** N or S. Range **09E** E or W. of WM.
 Section **27** NW 1/4 SW 1/4
 Tax lot **1400** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **9743 SPRING LAKE RD.**
KLAMATH FALLS, OR

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date **6/1/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **17 FT.**

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 17 | 18 | 2 GPM | 7 |
| 122 | 205 | 3400 GPM | 28 |

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

| Material | From | To | SWL |
|-----------------------------------|------|-----|-----|
| SANDY BROWN CLAY | 0 | 10 | |
| BROWN CLAY & SANDSTONE | 10 | 18 | 7 |
| GRAY CLAY | 18 | 122 | |
| GRAY CLAY W/STREAKS OF RED & | 122 | | |
| BLACK CINDERS & LAVA ROCK | | 137 | 28 |
| BLACK & BROWN LAVA ROCK & CINDERS | 137 | 205 | 28 |

RECEIVED
 JUN 07 2001
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started **5/29/2001** Completed **6/1/2001**

(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. Burt Paulard* WWC Number **1560**
 Date **6/1/2001**

(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 **6/1/2001**