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**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.745)

JUN 2 2001

Instructions for completing **WATER RESOURCES DEPT.** Form

WELL ID. # L37550
START CARD # 139992

*Klam
52759*

(1) LAND OWNER:
Name: JoAnne Wallenhorst
Address: 17023 Co. Rd. 053
City: Eparto, State: CA Zip: 95627

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/condition) 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 314 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
20	0	74	cement	30	74
16	74	205			
12	205	314			

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	Casing	Steel	Plastic	Welded	Threaded
16	+1	74	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Baller Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2150	68'		1 hr.

Temperature of water 66° Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 40S N or S Range 11E E or W. WM.
Section 35 SE 1/4 NE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 26112 Payer Way

(10) STATIC WATER LEVEL:
94 ft. below land surface. Date 6/8/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
123	314	1500	94

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
/Topsoil	0	2 1/2	
Brn clay & sand	2 1/2	6	
Brn & red lava & cinders	6	27	
Brn lava	27	33	
Gray basalt	33	38	
Decomp. gray lava	38	69	
Gray basalt	69	92	
Brn sandstone	92	123	
Gray broken basalt	123	240	94
Brn and gray lava	240	260	
Brn lava	260	270	
Gray broken basalt	270	314	

Date started 5/18/01 Completed 6/8/01
(bonded) 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 constructed 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 14399
Signed Randy A. Dinsman Date 6/27/01