

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

WELL I.D. # 19963
START CARD # 132162

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

(1) OWNER: Well Number _____
Name Richard & Cindy Jones
Address 30469 TRANSFORMER RD
City MAHIN 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 420' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	70	Cement	0	70	2 yds Slurry
8	70	420				

How was seal placed: Method A B C D E
 Other pumped via Tremie Pipe

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: 10	0	70	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	70	420		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
2000	100' +/-	200	1 hr.

Temperature of water 58 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 12E E or W. WM.
Section 4 NW 1/4 NW 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) TRANSFORMER RD

(10) STATIC WATER LEVEL:
115' ft. below land surface. Date 6-18-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
280	290	500	120'
400	410	1500	120'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Boulders & Clay	1	22	
TAN CLAY	22	57	
BLACK ROCK	57	197	
GRAY ROCK	197	202	
BLACK ROCK	202	280	
FRACTURED ROCK	280	290	120'
BLACK ROCK	290	360	11
Red Cinders	360	365	11
BLACK ROCK	365	400	11
FRACTURED ROCK	400	410	11
BLACK ROCK	410	420	4

RECEIVED
JUN 27 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-13-01 Completed 6-18-01

(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 1557
Signed Paul Williams Date 6-18-01