

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

(As required by ORS 271.705)

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

KLAM  
52790

WELL I.D. # 22557  
START CARD # 129920

(1) OWNER: Well Number \_\_\_\_\_  
Name Frank Diaz  
Address P.O. Box 109  
City Malin State OR Zip 97732

(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 312 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Feet or pounds	
20	0	33	3/8 bent cement	-2	20	48 sacks	
14	38	205		20	39	35 sacks	
12	205	312					

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	33	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"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot Size	Material	Thickness	Coding	Liner
					<input type="checkbox"/>	<input type="checkbox"/>
					<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  Bailor  Air  Flowing Artesian  
 Yield (gpm) 950 Discharge 0.9 Drift (min) 1.0 1.0  
 Temperature of water 66.0 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 Wlammth Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6N3 N or S Range 11E E or W. W.M.  
Section 29 33 14 37 14  
Twp Lot 000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
10070 Fone Rd.

(10) STATIC WATER LEVEL:  
127 ft. below land surface Date 6/11/01  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 127

From	To	Estimated Flow Rate	SWL
127	342	1500	127

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Sandy topsoil	0	?	
Decomposed lava	?	29	
Brown sandstone	29	33	
Yellow clay	33	69	
Thin & gray lava	69	175	127
Gray oreificed lava	175	296	
Gray broken lava	296	342	

**RECEIVED RECEIVED**  
 JUL 10 2001 AUG 22 2001  
 WATER RESOURCES DEPT. SALEM, OREGON  
 WATER RESOURCES DEPT. SALEM, OREGON

Date started 6/24/01 Completed 6/11/01  
 (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 1299  
 Signed Randy S. Salpino Date 6/26/01