

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Well Number: 1

Name: Gary Green
Address: 19980 Hwy 50
City: Merrill State: OR Zip: 97633

(2) TYPE OF WORK: (repair)
 New Well Deepening Alteration/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 288.6'
Explosives Used Yes No Type: ___ Amount: ___

HOLE		SEAL		SEALS or sacks or pounds	
Diameter From	To	Material	From	To	
24"	5'	117'	50'	117'	150 Sacks
24"	0	50'	Bent Chip	0	50 Sacks

How was seal placed: Method A B C D F
 Other Bent Chips Poured In
Backfill placed from 50' to 90' Material Bent
from: ___ to: ___ Material: ___
Gravel placed from: ___ to: ___ Size of gravel: ___

(6) CASING/LINER:
CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
20"	1'	117'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LINER:
Final location of Shot(s):

(7) PERFORATIONS/SCREENS:
 Perforations Method: ___
 Screens Type: ___ Material: ___

From	To	Shot Size	No.	Diameter	Telepipe size	Casing Liner
						<input type="checkbox"/>

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

Yield/gal	Pump Drawdown	Bailer	Air Drill Stem at	Flowing Artesian Time
3000+			287	1 hr.
1800	2			8 hrs.

Temperature of water 58 Depth Artesian Flow Found: ___
Was a water analysis done? ___ by whom: ___
Did any strata contain water not suitable for intended use? (explain) ___
Depth of Strata: ___

KLAM
52795

WELL ID # L 50211
START CARD # 11253

(9) LOCATION OF WELL by legal description:
County: Klamath Latitude: ___ Longitude: ___
Township: 41S Range: 11E
Section: 8 SW 1/4 SE 1/4
Tax Lot: 1300 Lot: ___ Block: ___ Subdivision: ___
Street Address of Well (or nearest address) ___
19980 Hwy 50 Merrill OR

(10) STATIC WATER LEVEL:
40' Ft. below land surface Date 6/12/01
Artesian pressure: ___ lb. per sq. in. Date: ___

(11) WATER BEARING ZONES:

From	To	Est. Flow Rate	SWL
155	175	1000+	40
250	280	2000+	40

(12) WELL LOG: Ground Elevation: ___

Material	From	To	SWL
Soil Sandy	0	2	
Sand Dirt Dry	2	11	
Silty Sand Brown	11	33	
Sand Black & Gray	33	40	
Clay Sticky Blue	40	66	
Sand Brown Gray H2O	66	71	
Clay Green Gray	71	89	
Clay Gray Sticky	89	107	
Basalt Black Hard	107	145	
Basalt Red & Blue Soft	145	150	
Basalt Gray Slightly Decomposed	150	157	
Basalt Gray Hard w/Brown Fractures	157	186	
Basalt Red & Blue Decomposed Med	186	246	
Cinders Red Soft	246	280	
Cinders Dark Red - Brown	280	284	
Basalt Blue - Gray w/Slight Red	284	288.6	

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JUL 11 2001 AUG 17 2001

WATER RESOURCES DEPT. SALEM, OREGON

Date Started: 6/12/01 Completed: 6/12/01

(bonded) Water Well Construction Certification:
I certify that the work 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.

Signed: [Signature] WWC Number 723
Date 7/6/01

(bonded) Water Well Construction 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: [Signature] WWC Number 723
Date 7/6/01