

KLAM 52830
 819m
 52830

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

WELL I.D. # L 50145
 START CARD # 102524

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

(1) OWNER: Well Number _____
 Name JAMES C. BOYLE
 Address 14350 MATNEY 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 760 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
15"	0	18	BENTONITE	0	18	90
10"	18	200				
6"	200	760				

How was seal placed: Method A B C D E
 Other POURED

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	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<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"/>
						<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

Yield gal/min	Drawdown	Drill stem at	Time
300		200	1 hr.

Temperature of water 60° 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 40 N of S Range 9 (E or W. WM.)
 Section 13 NE 1/4 NE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 14350 MATNEY RD.

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 7-4-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
10	14	1/2 gpm	

(12) WELL LOG:
 Ground Elevation 4100

Material	From	To	SWL
SANDY TOPSOIL	0	3	
BROWN SANDY CLAY	3	14	
SANDY GREEN CLAY	14	45	
GREEN CLAY / GRAVEL STREAMS	45	60	6
SANDY GRN. CLAY / SAND / GRAVEL	60	130	6
GRAY CLAY	130	245	
GREEN CLAY	245	490	
GRAY CLAYSTONE / SAND STREAMS	490	550	
GREEN CLAY	550	560	
GRAY CLAY / SAND STREAMS	560	760	

Date started 6-20-01 Completed 7-4-01

(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 1555
 Signed [Signature] Date 7-27-01