

Klam
52840

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

WELL I.D. # L 47620
START CARD # 133547

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

(1) OWNER: Well Number _____
Name Charles Summers
Address 22221 N Malin Rd
City Malin 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 470 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	50	Bent	0	50	116 Sack
14"	62	199	Cement	62	199	48 Sack
8"	200	470				

How was seal placed: Method A B C D E
 Other 28 hole plus
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	14"	+1	62	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	14"	-1	200	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Material		Casing	Liner
					Type	Tele/pipe size		
							<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 Bailer Air Flowing Artesian
Yield gal/min 850 gal Drawdown _____ Drill stem at _____ Time 1 hr

Temperature of water 50 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 41 N or S Range 12 E or W. WM.
Section 10 NW 1/4 NW 1/4
Tax Lot 2100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 22221 Malin Rd Malin OR 97632

(10) STATIC WATER LEVEL:
60'8" ft. below land surface. Date 8-1-01
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
15	15-20	30 gal	15
65	65+	15 gal	11
360	380	850+	60'8"

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP Soil	0	2	
Sand clay pumice	2	15	ND
Blow clay	15	50	
Blue clay	50	65	
Blue sand clay	65	70	
Gray clay	70	360	
Black sand and cinder	360	380	
Gray clay	380	420	

RECEIVED

RECEIVED

AUG 17 2001

FEB 03 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-25-01 Completed 8-1-01

(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.

Signed _____ Date _____ WWC Number _____

(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.

Signed [Signature] Date 8-14-01 WWC Number 1654