

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(1) OWNER: Well Number: _____
 Name David Oxley
 Address 24550 So. Poe Valley 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 610 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
20	0	238	slurry	238	11	160 sacks	
14	238	513	Bentonite	11	0	25 Sacks	
8	513	610					

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:	16	+1	238	.250	<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	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 checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2000+		600	1 hr.

Temperature of Water 84 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 40S N or S. Range 11E E or W. of WM. _____
 Section 3 S/E 1/4 N/W 1/4
 Tax lot 11 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 22443 Schaupp Rd.
Klamath Falls, OR 97603

(10) STATIC WATER LEVEL:
72 ft. below land surface. Date 8/13/2001
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 410

From	To	Estimated Flow Rate	SWL
410	610		72

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
brn topsoil	0	1	
brn clay congl	1	16	
gray clay	16	230	72
gray claystone	230	321	
gray sandstone	321	410	
frac gray basalt w/b	410	610	

RECEIVED
SEP 13 2001
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7/27/2001 Completed 8/13/2001

(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 my best knowledge and belief.
 Signed _____ WWC Number _____
 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.
 Signed Douglas R. Dunagan WWC Number 1575
 Date 8/24/2001