

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

KLAM 52923

Amended
 WELL ID # L 38829

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

Klam 52923

(START CARD) # 46591

(1) OWNER: Well Number: _____
 Name Klamath Hills Water Company
 Address 5541 Silva Ave.
 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 420 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
24	0	180	bentonite	0	34	49 sacks	
14	180	420					

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: 20	+1	34	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 20	34	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tela/pipe size	Casing	Liner
						<input type="checkbox"/>	<input 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+		420	1 hr.

Temperature of Water 72 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 10E E or W. of WM.
 Section 24 NW 1/4 NW 1/4
 Tax lot 2900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 4510 Oconnor RD.
Klamath Falls OR 97603

(10) STATIC WATER LEVEL:
97 ft. below land surface. Date 9/4/2001
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 180

From	To	Estimated Flow Rate	SWL
180	190		97
190	260		97
260	340		97
340	350		97

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
brn topsoil	0	1	
soil + rock	1	16	
tan clay	16	54	
green claystone	54	145	97
brn clay	145	180	
frac gray basalt w/b	180	190	
large rock congl w/b	190	260	
frac gray basalt w/b	260	340	
red cinders w/b	340	350	
frac gray basalt w/b	350	410	
gray basalt	410	420	

Date started 8/24/2001 Completed 9/4/2001

(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 James D. Helper 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 9/10/01

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MAY 01 2002
 WATER RESOURCES DEPT.
 SALEM, OREGON

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 City **Klamath Falls,** State **OR** Zip **97603**

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Final location of shoe(s) _____

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Perforations Method _____
 Screens Type _____ Material _____

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"/>
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 County **Klamath** Latitude _____ Longitude _____
 Township **40S** N or S. Range **10E** E or W. of W.M.
 Section **24** **NW** 1/4 **NW** 1/4
 Tax lot **2900** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **4510 Oconnor RD.**
Klamath Falls OR.97603

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SEP 13 2001

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **8/24/2001** Completed **9/4/2001**

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Signed *Douglas R. Dunagan* WWC Number **1575**
 Date **9/10/01**