

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

WELL ID # L49300
START CARD # 105328

(1) OWNER:

Name: Gary Orem
Address: 19980 Hwy 50
City: Merrill State: OR Zip: 97633
Well Number: #3

(2) TYPE OF WORK:

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 720'

Explosives Used Yes No Type --- Amount ---

HOLE			SEAL			
Diameter	From	To	Material	From	To	sacks or pounds
23	0	627	Cement	0	50	100 Sacks
23	0	627	Cement	426	627	150 Sacks
18.5	627	720	---	---	---	---

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

Backfill placed from --- to --- Material ---

from --- to --- Material ---

Gravel placed from --- to --- Size of gravel ---

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
20	+1	627	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

Final location of Shoe(s):

(7) PERFORATIONS/SCREENS:

Perforations Method: ---

Screen Type: --- Material: ---

From	To	Slot Size	No.	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
4000	40		1 hr.
			24 hrs

Temperature of water 64 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: ---

(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: N/A Lot: N/A Block: --- Subdivision: ---
Street Address of Well (or nearest address) 19980 Hwy 50

(10) STATIC WATER LEVEL:

45 Ft. below land surface Date 6-30-01

Artesian pressure --- lb. per sq. in. Date ---

(11) WATER BEARING ZONES:

Depth at which water was first found 641

From	To	Est. Flow Rate	SWL
640	720	4000	45

(12) WELL LOG:

Ground Elevation: ---

Material	From	To	SWL
Soil	0	2	
Sand Loose	2	41	
Pumice SandStone Mix	41	126	
Clay Stone Blue	126	266	
SandStone Gray Soft	266	288	
Clay Brown Soft	288	406	
Sand Black Course	406	411	
Clay Blue Soft	411	609	
SandStone Soft Med	609	610	
Cap Rock Brn	610	620	
Basalt Med Blk	620	640	
Basaltic Rubble Blk - Red	640	720	

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SEP 28 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 6-13-01

Completed: 6-30/01

(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 723

Signed _____ Date 6/30/01

(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 723

Signed _____ Date 6/30/01



Oregon

John A. Kitzhaber, M.D., Governor

KLAM 52972

Water Resources Department

Commerce Building
158 12th Street NE
Salem, OR 97301-4172
(503) 378-3739
FAX (503) 378-8130

June 21, 2001

Chuck Stadel
Staco Well Services
P.O. Box 1100
Mt. Angel, OR 97362

Dear Chuck:

Attached is a copy of the following approved special standard:

1. Gary Orem (start card numbers 105328)

Please remember that special standard requests must be approved ahead of time. If you have any questions concerning this letter, please contact me at the address or phone number listed above, or by e-mail at michael.l.mccord@wrд.state.or.us.

Sincerely,

Michael L. McCord
Well Construction Specialist

c: Larry Carey, SC Region Well Inspector

This is a final order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review of this order must be filed within the time specified by ORS 183.484 (2).

KLAM 52972

FINAL ORDER Oregon Water Resources Department

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240

Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Regional Manager.

Date of request: 6/20/01 Oral approval date (if applicable): 6/19/01

Bonded Well Constructor (name, license #, and mailing address): Chuck Stadel, #723

P.O. Box 1100 Mt. Angel, OR 97362

(1) Location of Well: SW 1/4 SE 1/4 of Section 8,
Township 41 N/S, Range 11 E/W, Klamath County.

Address at well site: 1/4 east on Malin Hwy from Malin junction & Hwy 39,
next to railroad tressel

(2) Start Card Number(s): 105328

(3) Name and Address of Land Owner: Gary Orem
19980 Hwy 50 Merril, OR 97633

(4) Distance to the nearest well, septic tank or drainfield (if water supply well): 500'

(5) The unusual conditions which necessitate this request: Dry hole, all clay formation,
15" test boring to be abandoned

(6) The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed)

Back fill test boring with 3/4 hole plug bentonite, to 50' install
3/8 bentonite chips seal from 50' to land surface.

AM

w-am

KLAM 52972

(541)882-2729

p. 3

- (7) Diagram showing the pertinent features of the proposed well design and construction (attach additional pages if needed):

PLEASE NOTE:

- (1) If approved, all other phases of well construction must comply with the appropriate standards described in OAR 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing groundwater contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as otherwise may void prior approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: 

For Water Resources Department Use Only

Date: 6-21-01

Approved by: Michael McE... Denied by: _____

Remarks: _____

revised: 6-01

CC: Larry @ Klamath County Water Resource Department

Oregon Water Resources Department

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Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Regional Manager.

Date of request: _____ **Oral approval date (if applicable):** _____

Bonded Well Constructor (name, license #, and mailing address): _____

(1) Location of Well: _____ 1/4 _____ 1/4 of Section _____,
Township _____ N / S, Range _____ E / W, _____ County.

Address at well site: _____

(2) Start Card Number(s): _____

(3) Name and Address of Land Owner: _____

(4) Distance to the nearest well, septic tank or drainfield (if water supply well): _____

(5) The unusual conditions which necessitate this request: _____

(6) The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed)

KLAM 52972

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I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: _____

For Water Resources Department Use Only

Date: _____

Approved by: _____ Denied by: _____

Remarks: _____