

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

Well Number: _____
Name: Jack & Connie Frank
Address: 9002 Dehlinger
City: Klamath Falls State: OR Zip: 97601

(2) TYPE OF WORK: (repair/)
 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 558'
Explosives Used Yes No Type: _____ Amount: 0'

Diameter		HOLE		SEAL		sacks or pounds
From	To	Material	From	To		
24"	0'	240'	Cement	0'	240'	175 Sacks
19"	240'	356'	---	---	---	---
12"	356'	558'	---	---	---	---

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	240'	.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:
16" -230' 356' .375

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:
 Perforations Method: Fact Saw
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
230'	356'	1/8x2	6210	16"		<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

			1 hr.
2500	110		24 hrs

Temperature of water 68 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: 40S Range: 10E
Section: 8 SW ¼ SE ¼
Tax Lot: 00901 Lot: N/A Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
9002 Dehlinger Klamath Falls OR

(10) STATIC WATER LEVEL:
11 Ft. below land surface Date 8/09/01
Artesian pressure: _____ lb. per sq. in. Date: _____

(11) WATER BEARING ZONES:
Depth at which water was first found: 249

From	To	Est. Flow Rate	SWL
249	260	1000	11
299	356	500	11
445	504	500	
504	558	1000	11

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
Soil Med Brn	0	2	
Sand Silty Clay	2	41	
Cinders Ash Pum	41	66	
Clay Brn Soft	66	113	
Sand Brn Fine	113	126	
Clay Brn Med	126	210	
Cap Rock Weathered	210	230	
Basalt Blk Blue	230	249	
Basalt Weathered Brn	249	260	11
Basalt Blk Brn	260	299	
Cinders Red Loose	299	356	11
ClayStone Grey	356	445	
Basalt Loose Blk	445	504	
Basalt Blk Fract, Loose	504	558	11

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SEP 28 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date Started: 6/26/01 Completed: 8/09/01

(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.
WVC Number 723
Signed _____ Date 8/30/01

(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.
WVC Number 723
Signed _____ Date 8/30/01



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): JOHN AND CONSTANCE FRANK
Mailing Address: 9002 DEHLINGER LANE
City, State, Zip: KLAMATH FALLS, OR 97603
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
Name & Address: _____
City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 40S. (North / South) Range: 10 E. (East / West) Section: 8
Tax Lot: 901 County KLAMATH 1/4 _____ 1/4 _____
GPS Coordinates: _____
Street Address of Well, City: KLAMATH FALLS RECEIVED BY OWRD
If the property had a different street address in the past: NO

MAY 18 2015

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION SALEM, OR
Date Well Constructed (or property built): 6-26-01 Total Well Depth: 538 Casing Diameter: 20"
Owner at time the well was constructed (if known): JOHN & CONSTANCE FRANK
Other Information: WELL ID # L49301 - Cannot find it on well.

SUBMITTED BY (please print): CONSTANCE FRANK
PHONE: 541-882-0842 EMAIL &/or FAX: CONNIEANDJACK@WILDBLUE.NET

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

*** REPLACEMENT TAG ***

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>5-18-15</u>	Well Log Number: <u>KLAM 52973</u>	Well Identification #: <u>L-118441</u>
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(TAG L-49301
Placed by driller - LOST!) WCC

JOHN FRANK

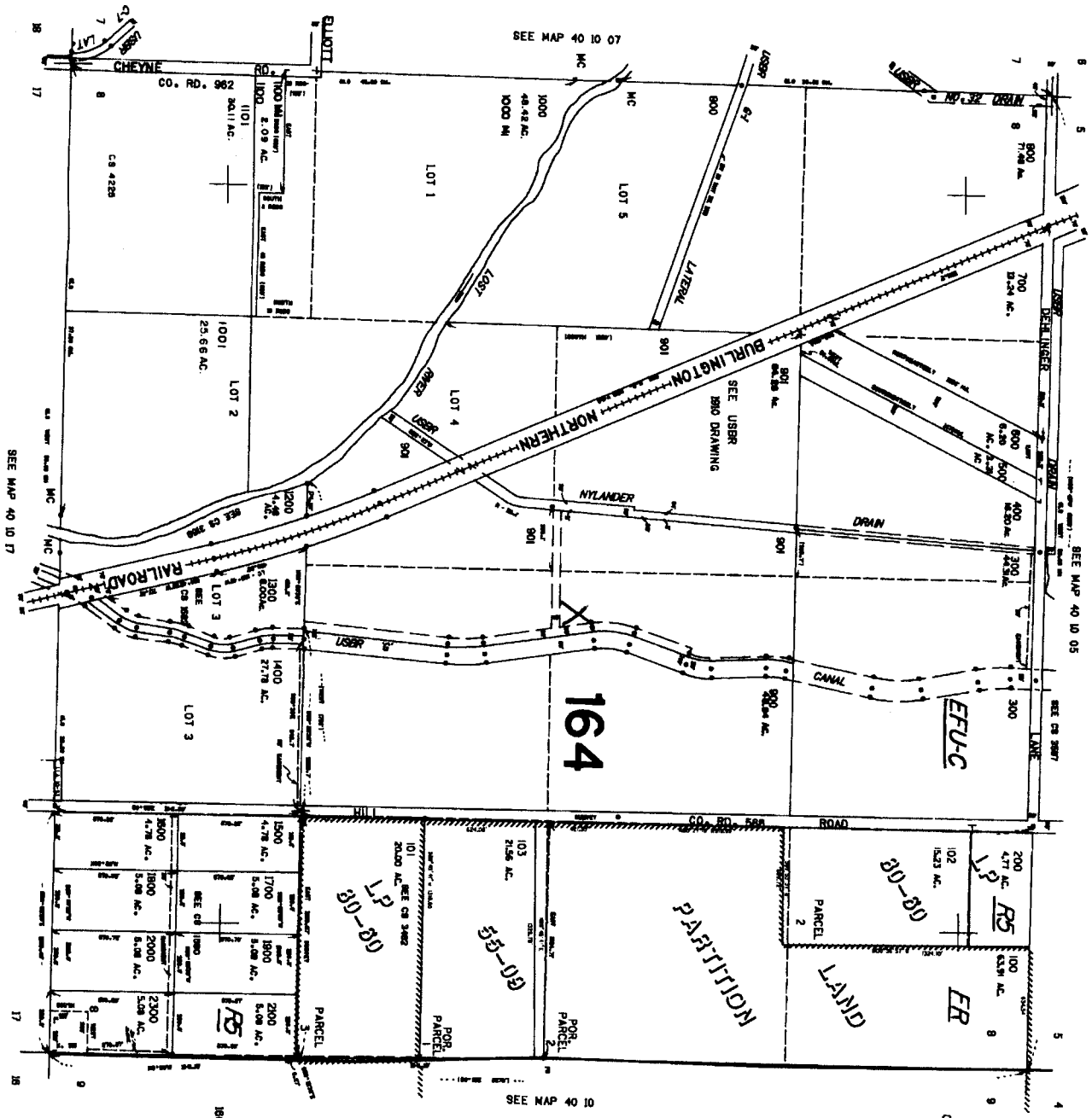
REVISED 6-28-10
THIS MAP WAS PREPARED FOR
ASSESSMENT PURPOSE ONLY

SECTION 08 T.40S. R10E. WM.
KLAMATH COUNTY
1-400'

40 10 08

X-KLAM 52973

X-WELL SITE



1881.000

SEE MAP 40 10 17

SEE MAP 40 10 07

SEE MAP 40 10 05

SEE MAP 40 10

CANCELLED NO.
2200

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MAY 18 2015

SALEM, OR

40 10 08