

AMENDED 5-26-21

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L52026

START CARD # 108800

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

(1) OWNER: Well Number _____
Name Dale Fleming
Address 4500 O'Connor 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 410 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL					
Diameter	From To	Material	From To	Sacks or pounds			
20	01023	8 bent	0	50	61 sacks		
16	102200	comt & bentonite	70		65 sacks		
10	200410		102		3 sacks		

How was seal placed: Method A B C D E
 Other _____
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	+1.5	102.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 102 ft.

(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 type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
2500 gpm		410	2 hr

Temperature of water 76 F Depth Artesian Flow Found None
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: None

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 40S N or S Range 09 E E or W. WM.
Section 14 23 SW 1/4 SW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4500 O'Connor Rd.
Klamath Falls, OR

(10) STATIC WATER LEVEL:
74 ft. below land surface. Date 12-18-2001
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 87 Ft.

From	To	Estimated Flow Rate	SWL
171	410	2500+	74'

(12) WELL LOG:
Ground Elevation 4125

Material	From	To	SWL
Top Soil	0	1	
Brown Clay & Boulders	1	8	
Yellow Clay	8	41	
Blue Clay	41	58	
Black Rock	58	87	
Black Lava Rock	87	171	74
Brown Lava Rock	171	210	74
Black Lava Rock	210	249	74
Brown Lava Rock	249	327	74
Black Lava Rock	327	365	74
Red Lava Rock	365	371	74
Black Lava Rock	371	397	74
Brown Lava Rock	397	410	74

RECEIVED

JAN 14 2002

Date started JAN 05 2001 Completed 12-18-2001

(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 the best of my knowledge and belief.
WWC Number _____
Signed _____ 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.
WWC Number 777
Signed Stephen R. Hughes Date 1-12-02