

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # 154297
START CARD # 108816

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

(1) OWNER: Well Number _____
Name Frank Anderson
Address 825 Old Midland 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 366 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
8	240	366	None-Existing			well

How was seal placed: Method A B C D E
 Other None-existing well
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:	None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method None
 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
1500+GPM		360	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 60 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 40 S N or S Range 09 E E or W. WM.
Section 07 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Cross Roas & Lower Lake Rd. Klamath Falls, OR

(10) STATIC WATER LEVEL:
48 ft. below land surface. Date 12-24-2001
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 240 ft.

From	To	Estimated Flow Rate	SWL
240	371	1500 gpm	48

(12) WELL LOG:
Ground Elevation 4130

Material	From	To	SWL
Existing well to 240 ft.			
Bubbly Black Lava Rock	240	261	48
Brown Lava Rock	261	353	48
Gray Rock	353	366	48

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WATER RESOURCES DEPT
SALEM OREGON

Date started 12-24-01 Completed 12-24-01

(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.
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 Stephen R. Higgins WWC Number 777 Date 1-12-02