

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

WELL I.D. # L 53872
 START CARD # 102532

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

(1) OWNER: Well Number _____
 Name LEE SUKRAW
 Address 1881 LOWER KLAMATH LAKE 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 525 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks of pounds	
24"	0	124	NET CEMENT	0	124	13.854	
20"	124	325	OPEN				
12"	325	500	SUD				
6"	500	525	"				

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: 20"	+1/2	124	37S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
EST 3000		200	1 hr.
PUMP 5700	5'		4 hr.
1-17-02			

Temperature of water 80° 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 39 N or S Range 9 E or W. WM.
 Section 28 SE 1/4 NE 1/4
 Tax Lot 1900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) OFF SOUTH END OF WASHBURN WAY

(10) STATIC WATER LEVEL:
32 ft. below land surface. Date 12-10-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 85'

From	To	Estimated Flow Rate	SWL
<u>85</u>	<u>110</u>	<u>15 gpm</u>	
<u>110</u>	<u>525</u>	<u>3000 +</u>	<u>32</u>

(12) WELL LOG:
 Ground Elevation 4130

Material	From	To	SWL
SANDY CLAY TOPSOIL	0	2	
GRAY CLAY	2	110	
BLACK LAVA	110	111	
GRAY CLAY	111	118	
BASALT	118	122	
FACTURED BASALT	122	200	32
FRACTURED BASALT/CLAY	200	205	32
FRACTURED BASALT	205	525	32

Date started 8-10-01 Completed 12-10-01

(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 _____
 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 1355
 Signed Arthur L. Jay Date 12-10-01