

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL ID # L **38819**

(START CARD) # **46592**

(1) OWNER: Well Number: _____

Name **Bill & Pat Oetting**

Address **7430 Tingley 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 **540** ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16	0	139	Cement	0	139	99 Sacks
12	139	540				

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:	12	+1	139	.250	<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) _____

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000+		540	1 hr.

Temperature of Water **78** 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 **39S** N or S. Range **9E** E or W. of W.M.

Section **20** **SE** 1/4 **SE** 1/4

Tax lot **1601** Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) **7430 Tingley Rd.**

Klamath Falls, OR 97603

(10) STATIC WATER LEVEL:

25 ft. below land surface.

Date **1/24/2002**

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **325**

From	To	Estimated Flow Rate	SWL
325	330	30gal/min	25
470	540	975gal/min	25

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
brn top soil	0	8	
grey clay	8	325	25
black cinders	325	330	
grey clay	330	460	
sand stone	460	470	
basalt <i>W/B</i>	470	540	

RECEIVED

FEB 25 2002

WATER RESOURCES DEPT.
SALEM, OREGON

Date started **1/15/2002**

Completed **1/24/2002**

(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 my best knowledge and belief.

Signed *[Signature]* WWC Number _____ Date **2-8-02**

(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 *[Signature]* WWC Number **1575** Date **2/6/02**

Douglas R. Dunagan