KLAM 53218

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

WELL I.D. # L 08720
START CARD # 146544

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

(1) LAND OWNER Well Number _____
Name Mary and William Brownie
Address c/o Kim Russell P.O. box 2505
City Lapine State Ore. Zip 97739

(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 65 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18'	Bentonite	0	18'	9 sacks
6"	18'	65'				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured Dry
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:					☐	☐	☐	☐
	6"	+1'	65'	.25"	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Tourch
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
~~63'~~	~~xxxxxxxx~~					☐	☐
55'	63'	1/8X6"	32			☒	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	2'		1 hr.
15	3		1 hr

Temperature of water 45 F 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 23s N or S Range 10e E or W. WM.
Section 35B NE 1/4 NW 1/4
Tax Lot 2100 Lot 37 Block 1 Subdivision Splt Rl
Street Address of Well (or nearest address) Lot 37 Ringo Ct.

(10) STATIC WATER LEVEL:
43 ft. below land surface. Date 3/28/02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 54'

From	To	Estimated Flow Rate	SWL
54'	65'	40 GPM	43'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Pumice Loam	0	1'	
Granular Pumice	1'	3'	
Clay.Gravel, sand	3'	12'	
~~12~~Soft gray clay	12'	54'	
Sand Gravel	54'	65'	43'

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APR 01 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3/25/02 Completed 3/28/02

(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 1645
Signed _____ Date 2/29/02

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER