

KLAM
53234

WELL I.D. # L 51764
START CARD # 140011

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.

(1) LAND OWNER Well Number _____
Name Rosemarie B. Noonan
Address 9777 Tingley Ln.
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 400 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22	0	51	Bent. 3/8 cement	0	20	23
16	51	200		20	51	40
12	200	403				

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 51 250
Liner: _____
Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
1000 60 _____ 1 hr.

Temperature of water 70° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? no 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. WM.
Section 33 NE 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 9777 Tingley Lane, K. Falls.

(10) STATIC WATER LEVEL:
90 ft. below land surface. Date 3/13/02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
244	403	1000	90
RECEIVED			
NOV 30 2004			

(12) WELL LOG: Ground Elevation _____ WATER RESOURCES DEPT SALEM, OREGON

Material	From	To	SWL
Topsoil	0	1 1/2	
Brn clay	1 1/2	6	
Brn lava	6	11	
Brn sandstone	11	13	
Brn sandstone & lava	13	45	
Brn lava	45	90	
Brn clay	90	129	
Gray clay & shale	129	205	
Blk sandstone	205	225	
Brn sandstone	225	244	
Gray lava	244	250	90
Brn lava	250	269	
Blk lava & Cinder Sandstone	269	373	
Blk cinders & Sandstone	373	403	
RECEIVED			
APR 15 2002			
WATER RESOURCES DEPT SALEM, OREGON			

Date started 10/20/01 Completed 3/13/02

(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 1228
Signed Larry J. DeSpain Date 3/19/02