

KLAM 53244  
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STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)

WELL ID # L 31662  
(START CARD) # 146943

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

(1) OWNER: Well Number: \_\_\_\_\_  
Name David Oxley  
Address 2455.0 So Pbe Valley 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 1065 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	70	Cement	0	70	110 sacks
16	70	1065				

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	+15	70	.250	<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"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
/							

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

Yield gal/min	Drawdown	Drill stem at	Time
2000+		1000	1 Hr

Temperature of Water 82 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 40S N or S. Range 11E E or W. of WM.  
Section 3 NE 1/4 NW 1/4  
Tax lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 22443 Schapp Rd, Klamath Falls.

(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date 3-8-02  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
590	610	500+	20
610	1000	1500+	20

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	8	
Grey Clay	8	50	
Grey Clay Stone	50	590	
Brn. Shale	590	610	
Frac Basalt	610	1000	
Basalt	1000	1065	

Date started 2-5-02 Completed 3-8-02

(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 my best 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 David Oxley WWC Number 1803  
Date 3-8-02