

KLAM 53269
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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 51766
START CARD # 139998

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

(1) LAND OWNER Name Loren Kandra Well Number _____
Address 23195 Hwy 50
City Merrill, State OR Zip 97633

(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 271 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	175	cement	0	20	66 sks
				20	155	342 sks
				155	175	15 sks
12	175	271				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 20 ft. to 155 ft. Material bent. chips
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16	0	175	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 175

(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 2800 Drawdown 79 Drill stem at _____ Time 1 hr.

Temperature of water 71° 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: 37-85

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 41S N or S Range 11E E or W. WM.
Section 10 SW 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 23195 Hwy 50

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 4/15/02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 37'

From	To	Estimated Flow Rate	SWL
37	75	30	37
175	271	2300	44

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Brn sand	0	11	
Yellow clay & sand	11	14	
Yellow clay w/seams of blk sandstone	14	85	37
Gray clay & sand	85	170	
Gray basalt	170	185	
Gray broken basalt	185	271	44

Date started 9/1/01 Completed 4/15/02

(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 1728
Signed Larry H. Depain Date 4/18/02