

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) OWNER: Tom Bocchi Well Number: _____
Name _____
Address 5817 Havencrest Dr
City Klamath Falls State OR Zip 97605

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
<u>12"</u>	<u>0'</u>	<u>19'</u>	<u>Bentonite</u>	<u>0</u>	<u>19'</u>	<u>10 Sacks</u>
<u>8"</u>	<u>18'</u>	<u>418'</u>				

How was seal placed: Method A B C D E
 Other Poured
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: <u>8"</u>	<u>1'</u>	<u>19'</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<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
<u>None</u>							

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>300+</u>		<u>418'</u>	<u>1 Hr.</u>

Temperature of Water 98° Depth Artesian Flow found 340'
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 38S N or S. Range 9E E or W. of WM.
Section 33 NW 1/4 NW 1/4
Tax lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Old Port Rd + Gungler Lane

(10) STATIC WATER LEVEL:
270' ft. below land surface. Date 6-10-02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES: 340'

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>340'</u>	<u>418'</u>	<u>300 Gg/m</u>	<u>270</u>

(12) WELL LOG:

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Basalt</u>	<u>2</u>	<u>14</u>	
<u>Clay stone</u>	<u>14</u>	<u>340</u>	<u>270</u>
<u>Fract Basalt</u>	<u>340</u>	<u>418</u>	

Ground elevation _____

Date started 6-10-02 Completed 6-10-02

(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 Paul Wiley 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 Paul Wiley WWC Number 1567 Date 6-11-02