

KLAM
53513

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

WELL I.D. # L 53592
START CARD # 118029

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

(1) OWNER: Well Number _____

Name Ken Hufford
Address Po Box 438
City Chiloquin State OR Zip 96024

(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 260 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
24"	0	32	Ben	0	32	110 Sack	
14"	0	42	Cement	32	42	10 Sack	
12"	42	260					

How was seal placed: Method A B C D E

Other 3/8" Hole Plug

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 16"	0	32	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14"	42	41	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Screens		Material		Casing	Liner
From	To	Slot size	Number	Diameter	Tele/pipe size		
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>2500+ gal</u>		<u>260</u>	<u>1 hr</u>

Temperature of water 49 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 30 N or S Range 10 E or W. WM.
Section 11 NW 1/4 NW 1/4
Tax Lot 201 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Jackson Creek Rd
2 mile Turn Right 1 mile

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 7-19-02

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>65</u>	<u>260</u>	<u>2500+ gal</u>	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>1</u>	
<u>Sand Brown with Pumice</u>	<u>1</u>	<u>32</u>	
<u>Gray Basalt</u>	<u>32</u>	<u>42</u>	
<u>Brown Lava Broken w/B</u>	<u>42</u>	<u>260</u>	
<u>Red Lava Broken</u>	<u>250</u>	<u>260</u>	

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AUG 19 2002

OCT 24 2003

WATER RESOURCES DEPT.
SALEM, OREGON

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-20-01 Completed 7-19-02

(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 1654

Signed _____ Date 7-19-02