

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 31668
START CARD # 46596

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

(1) LAND OWNER Name David O'Leary Well Number _____
Address 24550 So Poe 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 1415 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
24"	0	25	Perforite	0	25	44 Sacks
16"	25	918				
8"	918	1415				

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: 20"	0	25	375	<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"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800		900'	1 hr.

Temperature of water 90° 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 40 S N or S Range 11 E E or W. W.M.
Section 2 SE 1/4 NW 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 24550 So Poe Valley Rd. Klamath Falls Or.

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 9-25-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 1395'

From	To	Estimated Flow Rate	SWL
1395'	1415'	800	17'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
White Clay Stone	2	20	17
Grey Clay Stone	20	800	
Basalt	800	925	
Sand Stone	925	1030	
Basalt	1030	1122	
Grey Clay Stone	1122	1150	
Basalt	1150	1344	
Tan Clay Stone	1344	1395	
Frac Basalt	1395	1415	

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OCT 24 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-17-01 Completed 9-25-02

(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 1803
Signed David O'Leary Date 10-20-02