

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 39824
START CARD # 152247

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

(1) **LAND OWNER** Well Number _____
Name David Oley
Address 24550 So Joe 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 1175 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	610	See original well log.			
8	1025	1175				

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:					<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"/>

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"/>
						<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	Drawdown	Drill stem at	Time
<u>3500+</u>		<u>900'</u>	1 hr.

Temperature of water 84 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. WM.
Section 3 SE 1/4 NW 1/4
Tax Lot 11 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 22443 Schupp Rd Klamath Falls Or 97603

(10) **STATIC WATER LEVEL:**
24 ft. below land surface. Date 12-8-02
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
Depth at which water was first found 410

From	To	Estimated Flow Rate	SWL
410	785	2000+	24
935	1175	1500+	24

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
See original well log		610	
Frag. Basalt	610	785	24
Basalt	785	935	
Frag Basalt w/B	935	1175	24

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DEC 11 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-4-02 Completed 12-6-02

(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.
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 Paul Oley WWC Number 1803 Date 12-7-02