

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

KLAM 53639

WELL ID # **L62665**

(START CARD) # **108785**

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

(1) OWNER: Well Number: _____
 Name **DAVID ROGERS**
 Address **26366 GAP RD.**
 City **BROWNSVILLE** State **OR** Zip **97327**

(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 **353** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16	0	244	3/8 BENTONITE	0	50	60 SACKS
10	244	318	CEMENT	50	244	140 SACKS
8	318	353				

How was seal placed: Method A B C D E
 Other **POURED BENTONITE**
 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:	10	+1.5	245	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **NONE**

(7) PERFORATIONS/SCREENS:

Perforations Method **NONE**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
600 GPM		60 FT.	1 hr.

Temperature of Water **54 F** Depth Artesian Flow found **NONE**
 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: **NONE**

(9) LOCATION OF WELL by legal description:
 County **KLAMATH** Latitude _____ Longitude _____
 Township **34S** N or S. Range **8E** E or W. of WM. _____
 Section **34** **SE** 1/4 **NE** 1/4
 Tax lot **3500** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **8911 SPRAGUE RIVER RD.**
CHILOQUIN, OR

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date **12/26/02**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **NO NEW DRILLING PERFORMED**

From	To	Estimated Flow Rate	SWL
EXISTING	WELL		

(12) WELL LOG: Ground elevation **4180**

Material	From	To	SWL
EXISTING WELL			
NO NEW DRILLING PERFORMED			
RECASED ONLY			

RECEIVED

DEC 30 2002

WATER RESOURCES DEPT
 SALEM, OREGON

Date started **12/12/02** Completed **12/26/02**

(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 _____ 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 *Stephen R Hughes* WWC Number **777**
 Date **12/27/02**