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STATE OF OREGON

MAR 18 2003

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 32935

START CARD # 102562

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

(1) **LAND OWNER** Well Number _____
 Name LEE R. SUKRAW
 Address 1881 LOWER KLAMATH LAKE 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 480 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks of <u>Grout</u>
Diameter	From	To	Material	From	To	
24"	0	35	CEMENT	0	35	4.915
20"	35	250				
12"	250	325				
10"	325	425	4" 6" Pipe	425	480	

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: 20"	420"	35	250	<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"/>
						<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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
2500 +		250	1 hr.

Flowing Artesian Air Pump Bailer

Temperature of water 80° 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 39 N or S Range 9 E or W. WM.
 Section 28 SE 1/4 NE 1/4
 Tax Lot 1900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SEND of WASHBURN WAY

(10) **STATIC WATER LEVEL:**
 _____ ft. below land surface. Date 3-09-03
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 34

From	To	Estimated Flow Rate	SWL
34	45	10 gpm	
60	480	3000 +	12'

(12) **WELL LOG:** Ground Elevation 4130

Material	From	To	SWL
SANDY CLAY TOPSOIL	0	8	
BROWN CLAY	8	14	
GREEN CLAY	14	15	
BROWN SAND	15	16	
GREEN CLAY	16	34	
GREEN CLAYSTONE/SAND	34	39	32'
BLACK SAND	39	45	
BLACK SANDSTONE	45	48	
BLACK BASALT	48	89	22'
BLACK BASALT / ASH	89	92	12
BROKEN BASALT	92	322	12
VERY HARD GRAY BASALT	322		12
WITH LAYERS OF BROKEN AREA		480	12

Date started 10-10-01 Completed 3-07-03

(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 1355
 Signed Arthur J. Jay Date 3-09-03