

Amended 6/26/2024

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

WELL I.D. # L 62501
 START CARD # 145963

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

(1) LAND OWNER Well Number _____
 Name Clifford & Bertha McKoen
 Address 24219 Old Malin Hwy
 City Malin, State OR Zip 97632

(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 357 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22	0	66	cement	0	5	6
16	66	205	bent	5	46	98
12	205	357	cement	46	66	24

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 5 ft. to 4 ft. Material bentonite 3/8
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16	0	66	.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) 66

(7) PERFORATIONS/SCREENS:

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
2300		350	1 hr

Temperature of water 69° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 41S N or S Range 11E E or W. WM.
 Section 2 SW NW/4 SW SE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 24219 Old Malin Hwy
42.02847700
-121.49005700

(10) STATIC WATER LEVEL:
57 1/2 ft. below land surface. Date 4/8/03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 79'

From	To	Estimated Flow Rate	SWL
79	357	2300	57 1/2

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil sandy	0	3	
Brn lava	3	15	
Gray lava	15	30	
Weathered brn lava	30	39	
Hard brn shale	39	45	
Yellow clay	45	61	
Gray basalt	61	106	57 1/2
Brn basalt	106	115	
Gray & brn basalt	115	160	
Gray basalt	160	295	
Gray lava & basalt	295	357	

RECEIVED
 APR 21 2003
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 2/17/03 Completed 4/08/03

(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 1228
 Signed Larry G. Delpan Date 4/9/03