

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 60105
START CARD # 152254

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

(1) LAND OWNER ADY District Improvement Camp Well Number _____
Name _____
Address 6640 KID LANE
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 425 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	136	Cement	0	136	144 Sacks
14"	136	375				
8"	375	425				

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: 16" +1/2 136 .250
Liner: None
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
None

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 3000+ Drawdown _____ Drill stem at 375 Time 1 hr.

Temperature of water 62° 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 8E E or W. WM.
Section 21 SE 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16651 Keno - Warden Rd. Klamath Falls, OR

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 4-26-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 145

From	To	Estimated Flow Rate	SWL
145	425	3000 gal/min	30

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	11	
Basalt	11	55	
Red Clay w/ Gravel	55	105	
Basalt	105	145	
Black Cinders	145	167	30
Frac Basalt	167	262	30
Black Cinders	262	301	30
Frac Basalt	301	390	30
Red Cinders	390	396	30
Frac Basalt	396	425	30

RECEIVED

APR 29 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-14-03 Completed 4-26-03

(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.
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 David Wiley WWC Number 1803 Date 4-27-03