

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

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name **TOM MALLAMS**  
 Address **P.O. BOX 249**  
 City **BEATTY** State **OR** Zip **97621**

**(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 **403** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16	0 123	CEMENT &	0	35 SACKS	
10	123 403	BENTONITE	123	3 SACKS	

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
12	+1	124	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: **NONE**

Final location of shoe(s) **124 FT.**

**(7) PERFORATIONS/SCREENS:**

Perforations Method **NONE**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<b>NONE</b>						<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
<b>750 GPM</b>		<b>FLOWING</b>	<b>1 hr.</b>

Temperature of Water **53 F** Depth Artesian Flow found **48 - 403**  
 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 **35S** N or S. Range **12E** E or W. of WM. \_\_\_\_\_  
 Section **35C** **NW** 1/4 **SW** 1/4  
 Tax lot **3700** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **29163 GODOWA SPRINGS RD. BEATTY, OR**

**(10) STATIC WATER LEVEL:**  
**FLOWING** ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure **4** lb. per square inch. Date **5/17/03**

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found **31 FT.**

From	To	Estimated Flow Rate	SWL
31	39	10 GPM	FLOW
48	56	25 GPM	FLOW
108	114	25 GPM	FLOW
125	403	2000 GPM	FLOW

**(12) WELL LOG:** Ground elevation **4280**

Material	From	To	SWL
TOP SOIL	0	1	
YELLOW CLAY	1	6	
BROWN SAND	6	9	
YELLOW CLAY	9	21	
GRAY CLAY	21	31	
COARSE BLACK SAND	31	39	FLOW
GRAY CLAY	39	48	
BLACK SAND & PUMICE	48	56	FLOW
GRAY CLAY	56	83	
YELLOW CLAYSTONE	83	108	
WHITE PUMICE	108	114	FLOW
YELLOW CLAY	114	125	
BROWN SANDSTONE & PUMICE	125	279	FLOW
GRAY ROCK & PUMICE	279	321	FLOW
BROWN SANDSTONE	321	364	FLOW
WHITE PUMICE	364	403	FLOW

**RECEIVED**  
 MAY 27 2003  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started **5/7/03** Completed **5/14/03**

**(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 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. Henner* WWC Number **777**  
 Date **5/23/03**