

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 70440
START CARD # 168061

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

(1) LAND OWNER Well Number _____
Name TERESA ROBUSTELLI
Address 13130 W. LANGELL VALLEY
City BONANZA State OR Zip 97623

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	78	CEMENT	63	78	100 SACKS
			BENTONITE	0	37	21 SACKS
6"	78	145				

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

Backfill placed from 37 ft. to 63 ft. Material BENTONITE
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1 1/2	78 1/2	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) 78 1/2

(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
25		40'	1 hr.
125		120'	30 min.

Temperature of water 60° 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 11 E or W. WM.
Section 10 SE 1/4 SW 1/4
Tax Lot 6100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2929 MARKET ST. BONANZA

(10) STATIC WATER LEVEL:
12' ft. below land surface. Date 8-11-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22	65	500+	12'
95	130	15	12'
130	145	100+	12'

(12) WELL LOG: Ground Elevation 4100'

Material	From	To	SWL
SANDY TOPSOIL	0	3	
SANDY BROWN CLAY	3	8	
BROWN BASALT	8	16	
BLACK/BROWN BASALT	16	22	
VASCULAR BASALT	22	65	12'
FRACTURED BASALT	65	110	
BLACK & BRN BASALT WITH CLAY STREAKS	110	130	12
VASCULAR BRN BASALT	130	145	12

RECEIVED

AUG 23 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 8-04-04 Completed 8-10-04

(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 Cheryl Fry WWC Number 1739 Date 8-12-04

(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 Arthur L. Jay WWC Number 1355 Date 8-12-04