

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

WELL I.D. # L 74075

START CARD # 169358

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

(1) LAND OWNER Well Number _____
Name **PERRY WELKER** PAGE 1
Address **7508 STEENS DR.**
City **KLAMATH FALLS** State **OR** Zip **97601**

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well **405** ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	0	38	3/8 BENT.	0	38	16 SACKS
8	38	226				
6	226	405				

How was seal placed: Method A B C D E

Other **POURED**
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel			
					Plastic	Welded	Threaded	
	6	+2	228	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) **228 FT.**

(7) PERFORATIONS/SCREENS

Perforations Method **NONE**
 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
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60 GPM		200 FT.	1 hr.

Temperature of water **71 F** Depth Artesian Flow Found **NONE**
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 (legal description)
County **KLAMATH**
Tax Lot _____ Lot _____
Township **39 S** N or S Range **09 E** E or W WM
Section **07** NE 1/4 **NE** 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) **END OF DELAP PIT RD.**
KLAMATH FALLS, OR 97601

(10) STATIC WATER LEVEL
145 ft. below land surface. Date **09/28/04**
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found **161 FT.**

From	To	Estimated Flow Rate	SWL
161	165	20 GPM	145
275	354	60 GPM	145
371	399	500 GPM	145

(12) WELL LOG Ground Elevation **4200**

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	15	
BROWN SANDSTONE	15	25	
BROWN CLAYSTONE	25	32	
BROWN SANDSTONE	32	73	
YELLOW CLAY	73	77	
BROWN CLAYSTONE	77	161	
BLACK SAND	161	165	145
BROWN CLAYSTONE	165	184	
GRAY CLAYSTONE	184	199	
GRAY SANDSTONE	199	246	
GRAY CLAY	246	275	
BLACK ROCK	275	354	145
GRAY CLAYSTONE	354	371	

CONTINUED ON PAGE 2
Date Started **09/27/04** Completed **09/28/04**

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 **777** Date **10/01/04**
Signed *Stephen R Hughes*

OCT 04 2004
WATER RESOURCES
SALEM, OREGON

DRAFT

DRAFT

DRAFT

DRAFT

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(12) WELL LOG Ground Elevation **4200**

Material	From	To	SWL
.....CONTINUED FROM PAGE 1			
BLACK & BROWN LAVA ROCK	371	386	145
BRN. ROCK CONGLOMERANT	386	399	145
GRAY CLAYSTONE	399	405	

RECEIVED
OCT 04 2004
 _____ PT
 _____ OREGON

Date Started **09/27/04** Completed **09/28/04**

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 Signed *Stephen R Hugler*