KLAM 54598

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

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

WELL I.D. # L-71818
START CARD # 167315

(1) LAND OWNER Well Number _____
Name David Link
Address P.O. Box 2268
City Lapine State ORE Zip 97739

(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 28 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL From	To	Sacks or pounds
10"	0	18	3/4 Gravel Mix	0	18	10
6"	18	28				

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+14"	20	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4½" pvc	-9	28	SDR26	☐	☒	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Sawed
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-21	28	.010	2800	4½"	SDR26	☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30gpm	13 ft		½ 1 hr.

Temperature of water 43 °F Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom None
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: 8 ft

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 23 N or S Range 9 E or W. WM.
Section 24B NE 1/4 NW 1/4
Tax Lot 5600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1508 Rector Dr
Lapine, ORE, 97739

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 10-2-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 21 ft

From	To	Estimated Flow Rate	SWL
21 ft	28 ft	30gpm	11

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Dummy	0	5	
Clay Brown	5	21	
Sand Brown	21	28	11

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OCT 06 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 10-01-04 Completed 10-02-04

(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.
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 639
Signed Gerald W. Olsen Date 10-02-04

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER