

Klam  
55311

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

WELL I.D. # L 81321  
START CARD # 149163

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

(1) LAND OWNER Well Number  
Name EDWARD R. STUEDLI  
Address 8441 DEHLINGER LN.  
City KLAMATH FALLS State OR Zip 97603

(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			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	18	BENTONITE	0	18	17
6 1/2"	18	78 1/2				
5 1/2"	78 1/2	405				

How was seal placed: Method  A  B  C  D  E  
 Other POURED DRY  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Diameter	From	To	Gauge	SEAL			
				Steel	Plastic	Welded	Threaded
Casing: 6"	+1 1/2	78 1/2	2.50	<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

Perforations Method \_\_\_\_\_  
 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 40 Drawdown \_\_\_\_\_ Drill stem at 400' Time 1 hr.

Temperature of water 60° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis 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 (legal description)  
County KLAMATH  
Tax Lot 500 Lot \_\_\_\_\_  
Township 40 N or S Range 10 E or W WM  
Section 06 NE 1/4 SE 1/4  
Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Street Address of Well (or nearest address) 8441 DEHLINGER

(10) STATIC WATER LEVEL  
6 1/2 ft. below land surface. Date 2-07-06  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 6 1/2'

From	To	Estimated Flow Rate	SWL
6 1/2	55	10 gpm	6 1/2
105	405		6 1/2

(12) WELL LOG Ground Elevation 4130

Material	From	To	SWL
BROWN SAND/CLAY	0	55	6 1/2
GRAY CLAY	55	105	6 1/2
SOFT BROWN SANDSTONE	105	374	6 1/2
SOFT GREEN CLAYSTONE	374	405	6 1/2

Date Started 2-01-06 Completed 2-06-06

(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 1799 Date 2-09-06  
Signed [Signature]

(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 1355 Date 2-09-06  
Signed [Signature]