

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 ID # L

73158

(START CARD) #

146863

(1) OWNER:

Well Number:

Name Dawn O'Leary
Address 2455 S. P. Valley Rd
City Klamath Falls State OR Zip 97603

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12"	0 19'	Bentonite	0 19'	12 Sacks	5
8"	19' 450'				

How was seal placed: Method ☒ A ☐ B ☐ C ☐ D ☐ E☒ Other PouredBackfill 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: 8"	11'	19'	.250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		450'	1 hr

Temperature of Water 68° 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 40S N or S. Range 11E E or W. of WM.
Section 2 SW 1/4 NW 1/4
Tax lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

24 ft. below land surface.Date 6-17-06

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 432'

From	To	Estimated Flow Rate	SWL
432	450	25	24

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
TOP Soil	0	4'	
White chalk Rock	4'	26'	
Grey Clay	26'	432'	
Fractured Grey Clay Stone	432'	450'	24'

RECEIVED

JUL 07 2006

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

OCT 25 2006

WATER RESOURCES DEPT
SALEM, OREGONDate started 6-16-06 Completed 6-17-06

(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.

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 1803Signed Dawn O'LearyDate 6-30-06