

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

WELL I.D. # L19865
START CARD # 107308

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

(1) OWNER: Well Number _____
Name STEVE HALPER
Address 7121 SIERRA PLACE
City KAMATH FALLS State ORE 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 318 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
9 7/8	0	56	BONTAPITE	0	56	20 SKS	
6	56	318					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other 690 - 210 - 310

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 5/8	0	115	SB	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) SB FT

(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
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
40 318 1 hr.

Temperature of water 66° 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 KAMATH Latitude _____ Longitude _____
Township 39S N or S Range 10E E or W. WM.
Section 5 SW 1/4 SW 1/4
Tax Lot 13910 Lot 00600 Block 0901 Subdivision 000
Street Address of Well (or nearest address) 8925 AURORA CT
K FALLS ORE

(10) STATIC WATER LEVEL:

128 ft. below land surface. Date 11/3/06
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 257 FT.

From	To	Estimated Flow Rate	SWL
<u>257</u>	<u>318</u>	<u>40</u>	<u>128</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>CLAY/BOULDER TOPSOIL</u>	<u>0</u>	<u>1</u>	
<u>WHITE CHALK</u>	<u>1</u>	<u>3</u>	
<u>YELLOW CLAY</u>	<u>3</u>	<u>40</u>	
<u>GRAY CLAY</u>	<u>40</u>	<u>258</u>	
<u>HARD GRAY SHALE</u>	<u>258</u>	<u>318</u>	

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NOV 09 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date started 11/3/06 Completed 11/3/06

(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 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 1601

Signed _____

Date 11/4/06