

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 19859
 START CARD # 107312

(1) OWNER: Well Number _____
 Name LEON PALMER
 Address 1400 S. ELM SPACE 101
 City CLATSOP State ORE Zip 97013

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

HOLE SEAL
 Diameter From To Material From To Sacks or pounds
9 1/8 0 37 BENTONITE 0 37 13 SCS
6 37 ISS

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 690-210-340
 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 1/8 125 37 280 ☒ ☐ ☒ ☐
 Liner: _____ ☐ ☐ ☐ ☐

Final location of shoe(s) 37 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
30 _____ 100 1 hr.

Temperature of water 55°F 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 9E E or W. WM.
 Section 2 NE 1/4 SW 1/4
 Tax Lot 01400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 11809 SPRING LAKE RD K. FAMS, ORE

(10) STATIC WATER LEVEL:
51 ft. below land surface. Date 5/16/07
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 133 FT

From	To	Estimated Flow Rate	SWL
<u>133</u>	<u>133</u>	<u>30</u>	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>1</u>	
<u>BROWN SANDY CLAY</u>	<u>1</u>	<u>8</u>	
<u>HAND PAW</u>	<u>8</u>	<u>9</u>	
<u>BROWN SANDY CLAY</u>	<u>9</u>	<u>24</u>	
<u>GRAY CLAY</u>	<u>24</u>	<u>115</u>	
<u>GREEN CLAY</u>	<u>115</u>	<u>125</u>	
<u>FINE BLACK SAND</u>	<u>125</u>	<u>135</u>	
<u>GRAY CLAY</u>	<u>135</u>	<u>155</u>	

* WELL FILLED IN 131 - 155 FT

RECEIVED RECEIVED
 JUN 13 2007 AUG 23 2007
 WATER RESOURCES DEPT. WATER RESOURCES DEPT.
 SALEM, OREGON SALEM, OREGON

Date started 5/16/07 Completed 5/16/07

(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 601
 Signed _____ Date 6/11/07