

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

KLAM 57371

WELL LABEL # L 103027

START CARD # 202968

ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
First Name CORY Last Name TURNER
Company _____
Address 21051 PAYGR RD
City MALIN State OR Zip 97632

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 410 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	21	CEMENT	0	21	42	522
20"	21	225	CEMENT/5% BENTONITE	0	225	9082	685
16"	225	410					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1	22	.250	✓		✓	
✓		16"	+	2	225	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2000		200'	1

Temperature 63 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County KLAMATH Twp 41 N S Range 11 E or W W.M.
Sec 01 SW 1/4 of the NE 1/4 Tax Lot NE 700
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 21051 PAYGR RD
MALIN, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	4-18-10		-	60'

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 4'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3-15-10	4	12	10		-	4'
4-18-10	190	410	2500		-	60'

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	4
BEN. SAND	4	12
FRACT. TAN CLAYSTONE	12	60
GREEN CLAY	60	190
FRACT. GRN. CLAYSTONE	190	225
BROKEN BASALT	225	410

RECEIVED
MAY 03 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 3-08-10 Completed 4-18-10

(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.
License Number 1739 Date 4-28-10
Signed Chris King

(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.
License Number 1355 Date 4-28-10
Signed Arthur J. King
Contact Info. (optional) _____