

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 637.785)

(1) OWNER: Well Number: _____
Name: Mr & Mrs Dan Shuck
Address: 202 Jefferson
City: Merrill State: Oregon Zip: 97633

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 195 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	10	cement	0	10	5 sacks

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

☐ Other _____

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/plpe 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
40		180	1 hr.
40		185	2nd hr

All cuttings washed away at 195 feet

Temperature of water 74 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: Alameda Latitude _____ Longitude _____
Township: 32 Nor S, Range: 11E E or W, WM.
Section: 32 NW 1/4 SE 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address): Dodds hollow
rd 1 mile north of main high way

(10) STATIC WATER LEVEL:

135 ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 125

From	To	Estimated Flow Rate	SWL
125	126	5 G.P.M.	135
180	185	35 G.P.M.	135
192	195	All cuttings left	

(12) WELL LOG:

Ground elevation 4200

Material	From	To	SWL
Top Soil	0	2	
Black boulders	2	5	
Black red lava rock	5	35	
Red and grey lava	35	50	
Broken lava red cavy cinders	50	70	
Black brown lava	70	80	
Red lava rock	80	95	
Brown and purple lava	95	135	
Red lava rock	135	140	
Gray lava rock very hard	140	170	
Red lava w/ red black cinders	170	175	135
Brown shale	170	180	
Gray lava	180	190	
Broken lava (attention)			
all cuttings left	190	195	135
RECEIVED			
APR 4 2011			
QWRD			

Date started 0 Completed 195

(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 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 169
Signed W. H. Simpson W. J. Brown Date _____

KLAM 57715

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APR 4 2011

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OWRD

735 Commercial Street | P.O. Box 1282 | Klamath Falls, Oregon 97601 | 541.850.2503 | 541.883.8893 fax | www.kwapa.org

DOMESTIC & MUNICIPAL WELL MITIGATION PROGRAM 2010*Applications & all documentation due in the KWAPA Office no later than 12:00 p.m. Friday, December 31, 2010***APPLICANT CONTACT INFORMATION**Applicant: Daniel J. Shuck (If applicant is not the well owner, must provide authorization to represent owner)Mailing Address: P.O. Box 884 20101 Donalds Hollow Rd.City: Merrill State: OR ZIP Code: 97633Phone: 541-798-5139 Cell: 541-891-4972 Email: Tshuck61@yahoo.com**OWNER CONTACT INFORMATION**Well Owner (if other than applicant): Same

Well Owner mailing address:

City: State: ZIP Code:

Phone: Cell: E-mail:

WELL LOCATIONAddress where well is located (if different than mailing address): SameCity: Merrill State: OR ZIP Code: 97633(Location of Well) Township: 40S Range: 11E Section: 32****Please attach a County Tax lot Map showing well locations****WELL INFORMATION******Please attach a copy of the well report(s) and pump depths (if available)**

Well Tag Number: Well Log ID (ex. KLAM99999):

Depth of well when limited water production occurred: 105'Pump depth at time limited production occurred: 172'Use(s) of existing well (Check all that apply): ☒ Domestic ☐ Livestock
☐ Landscape/garden - How many acres are irrigated by well? ☒ Other (list below):
Well is used for our home & to water lawn & horses.Is the well located near a well being used to pump groundwater for irrigation? (circle): (YES) NO Don't Know**WELL STATUS**Initial date when well owner experienced limited water production: 7/6/10

What problem was experienced? (Check all that apply):

- ☒ Dry
- ☐ Pumping an inadequate amount of water
- ☐ No adverse affects as of today but potential harm will occur in the future if groundwater continues to be pumped for irrigation.
- ☐ Other (please explain):

Did the limited production problem end? (Circle): (YES) or NO --- If yes when? 7/8/10**ACTION TAKEN**Has any action been taken to deepen, repair or alter the well or pump? (circle) (YES) or NO Lowered pump to bottom of wellWhat was the estimated or actual cost? \$ 257.80Applicant Signature: [Signature]Date: 12/15/10