

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

KLAM 57973

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57973*

WELL LABEL # L 108025

START CARD # 195629

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Richard Last Name Anderson
 Company Cross Road Mobile Home
 Address 6767 Tingley Lane
 City Klamath Falls, State OR Zip 97603

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 327 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
12	0	39 1/2	cement	-3	30	10	sks
8	39 1/2	327	3/8 Bent	30	39 1/2	5	sks

How was seal placed: Method A B C D E

Other _____
 Backfill placed from 30 ft. to 39 1/2 ft. Material 3/8 Bent

Filter pack from 160 ft. to 327 ft. Material gravel Size pea

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		8	+	1 1/2	40	.250	X		X	
	X	4 1/2	-	7	327	.250		X		

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	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
			X	4 1/2	207	327	3/16	4	4/ft	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30	1'		1 hr.

Temperature 60 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Klamath Twp 39 N or S Range 9 E of ~~XXXX~~
 Sec 21 SW 1/4 of the NW 1/4 Tax Lot 942970457
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address)
6767 Tingley Lane, Klamath Falls, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	10/13/11			30

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 90'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10/12/11	90	327	60			30

(11) WELL LOG

Material	From	To
X Top soil	0	1
White/brn clay	1	2
Gray clay	2	90
Broken gray shale with seams of coarse and fine sand	90	327

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WATER RESOURCES DEPT WATER RESOURCES DEPT
 SALEM, OREGON SALEM, OREGON

Date Started 9/14/11 Completed 10/13/11

(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 _____ Date _____

Signed _____

(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 1228 Date 10/18/11

Signed Larry A Despain
 Contact Info. (optional) _____

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BORE HOLE			SEAL				
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12	0	39½	cement	-3	30	10	sks
			3/8Bent	30	39½	5	sks

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 30 ft. to 39½ ft. Material 3/8Bent
 Filter pack from 160 ft. to 327 ft. Material gravel Size pea
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		8	+	1½	40	.250	X		X	
	X	4½	-	7	327	.250		X		

Shoe Inside Outside Other Location of shoe(s) _____
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10/12/11	90	327	60			30

(11) WELL LOG Ground Elevation _____

Material	From	To
X Top soil	0	1
White/brn clay	1	2
Gray clay	2	90
Broken gray shale with seams of coarse and fine sand	90	327

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NOV 03 2011

WATER RESOURCES DEPT

SALEM, OREGON

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