

KLAM 58164

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## STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 82207

START CARD # 195632

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name Steve Last Name McManus  
 Company \_\_\_\_\_  
 Address P.O. Box 931  
 City Merrill State OR Zip 97633

**(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 435 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
16	0	382					
12	382	435					

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 \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
	X	14	+	1 1/2	382	259	X			

Shoe  Inside  Outside  Other Location of shoe(s) 382  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lnr	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 50 Drawdown 0 Drill stem/Pump depth \_\_\_\_\_ Duration (hr) 1

Temperature 70 °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 40S N or S Range 11E E or W W.M.  
 Sec 29 SE 1/4 of the SE 1/4 Tax Lot 600  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) \_\_\_\_\_  
19022 Taylor Rd.

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>2/23/12</u>			<u>146 1/2</u>
Completed Well	<u>6/19/12</u>			<u>148</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
 WATER BEARING ZONES Depth water was first found 375

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6/19/12</u>	<u>381</u>	<u>435</u>	<u>600</u>			<u>148</u>

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
<u>Gray broken basalt</u>	<u>396</u>	<u>402</u>
<u>Brn lava</u>	<u>402</u>	<u>425</u>
<u>Gray broken basalt</u>	<u>425</u>	<u>435</u>

RECEIVED BY OWRD  
 JUN 27 2012  
 SALEM, OR

RECEIVED BY OWRD  
 AUG 16 2012  
 SALEM, OR

Date Started 2/23/12 Completed 6/19/12

**(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 6/20/12  
 Signed Larry H. Despain  
 Contact Info. (optional) \_\_\_\_\_

STATE OF OREGON  
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Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
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Water quality concerns?  Yes (describe below)

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Depth water was first found \_\_\_\_\_

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Ground Elevation \_\_\_\_\_

Material	From	To
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Cray broken basalt	425	435

Date Started 2/23/12 Completed 6/19/12

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License Number 1228 Date 6/20/12

Signed Larry H. Despain

Contact Info. (optional) \_\_\_\_\_