STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

KLAM 58477

9/27/2013

WELL I.D. LABEL# L	110335
START CARD #	1020294
ORIGINAL LOG #	

(1) LAND OWNER   Owner Well I.D. _____ .
First Name _____   Last Name _____
Company KLAMATH COUNTY SCHOOL DISRTICT
Address 10501 WASHBURN WAY
City KLAMATH FALLS   State OR   Zip 97603

(2) TYPE OF WORK   [X] New Well   [ ] Deepening   [ ] Conversion
[ ] Alteration (complete 2a & 10)   [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:						◯	◯		

	Material	From	To	Amt	sacks/lbs
Seal:					

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

(4) PROPOSED USE
[ ] Domestic   [ ] Irrigation   [ ] Community
[ ] Industrial/ Commericial   [ ] Livestock   [ ] Dewatering
[ ] Thermal   [X] Injection   [ ] Other _____

(5) BORE HOLE CONSTRUCTION   Special Standard [ ] (Attach copy)
Depth of Completed Well 303.00 ft.

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	
20	0	30	Bentonite Chips	0	7	12	S
15.5	30	188	Cement	7	188	139	S
10	188	303					

How was seal placed: Method   [ ]A   [ ]B   [X]C   [ ]D   [ ]E
[ ] Other _____
Backfill placed from _____ ft. to _____ ft.   Material _____
Filter pack from _____ ft. to _____ ft. Material _____   Size _____
Explosives used: [ ] Yes   Type _____   Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____   Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	◯	10	[X]	1	188	.250	◉	◯	[X]	
◉	◯	16	[ ]	0	30	.375	◉	◯	[X]	
◯	◉	8	[ ]	166	290	.250	◉	◯	[X]	
◯	◯						◯	◯		
◯	◯						◯	◯		

Shoe [ ] Inside [ ] Outside [ ] Other   Location of shoe(s) _____
Temp casing [ ] Yes   Dia _____   From _____   To _____

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

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	8	210	290	.188	3	480	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300	66	105	4

Temperature 68 °F   Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below)   TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County KLAMATH   Twp 41.00 S N/S   Range 11.00 E E/W WM
Sec 10   NW 1/4 of the SE 1/4   Tax Lot 100
Tax Map Number _____   Lot _____
Lat ___°___'___" or _____ DMS or DD
Long ___°___'___" or _____ DMS or DD
◉ Street address of well   ◯ Nearest address
23330 HIGHWAY 50, MERRILL, OR 97633

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/28/2013			64

Flowing Artesian? [ ]   Dry Hole? [ ]
WATER BEARING ZONES   Depth water was first found 70.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/28/2013	70	303	1000			64

(11) WELL LOG   Ground Elevation _____

Material	From	To
SANDY TOP SOIL	0	3
YELLOW CLAY	3	7
GREY BASALT BOLDERS	7	19
RED & BROWN CINDER	19	24
GREY & BROWN BASALT	24	31
GREY BASALT	31	47
GREY BASALT W/ CINDERS	47	104
GREY & BROWN BASALT	104	111
GREY BASALT W/ CINDERS	111	123
GREY BASALT	123	139
RED CINDER	139	150
GREY BASALT	150	163
BROWN BASALT & RED CINDER	163	183
GREY BASALT	183	194
GREY & BROWN BASALT W/ CINDERS	194	303

Date Started 6/24/2013   Complete 8/28/2013

(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 1844   Date 9/27/2013
Signed   COLTER CHANCELLOR (E-filed)
Contact Info (optional) CHANCELLOR DRILLING & PUMP

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK   Form Version: