

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

KLAM 59319

WELL I.D. LABEL# L 118380
START CARD # 1026547
ORIGINAL LOG #

9/13/2015

(1) LAND OWNER

wner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_
Company WOOD RIVER DISTRICT IMPROVEMENT
Address P.O. BOX 503
City FORT KLAMATH State OR Zip 97626

(2) TYPE OF WORK

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

Rotary Air  Rotary Mud  Cable  Auger  Cable Mud

Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE

Domestic  Irrigation  Community

Industrial/ Commercial  Livestock  Dewatering

Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION

Special Standard  (Attach copy)

Depth of Completed Well 695.00 ft.

BORE HOLE

Dia From To Material From To Amt sacks/lbs

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Rows include Bentonite Chips and Cement.

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 \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Rows show casing specifications.

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method Factory Saw

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/

Table with columns: Perf, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

Pump  Bailer  Air  Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows show test results.

Temperature 44 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County KLAMATH Twp 33.00 S N/S Range 7.50 E E/W WM

Sec 16 SE 1/4 of the NW 1/4 Tax Lot 2600

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 42.71207400 DMS or DD

Long \_\_\_\_\_ " or -122.01072800 DMS or DD

Street address of well  Nearest address

13350 NICHOLSON RD., FT. KLAMATH, OR 97626

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Pre-Alteration, Completed Well, Date, SWL(psi), SWL(ft).

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 3.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows show water bearing zone data.

(11) WELL LOG

Ground Elevation 4204.00

Table with columns: Material, From, To. Rows list well log materials like Silty Sand, Cobbles, etc.

REVISED

2:49 pm, Mar 08, 2016

This report was originally e-filed to the Department; the original e-filed document is attached.

Date Started 5/18/2015 Completed 8/7/2015

(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.

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.

License Number 1385 Date 9/13/2015

Signed ROBERT BUCKNER (E-filed)

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




WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

# KLAM 59319

9/13/2015

## Map of Hole

<b>STATE OF OREGON WELL LOCATION MAP</b>	<b>Oregon Water Resources Department</b> 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
<b>LOCATION OF WELL</b>	<b>Well Label: 118380</b>	
Latitude: 42.712074      Datum: WGS84	<b>Printed: July 12, 2015</b>	
Longitude: -122.010728	<small>DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.</small>	
Township/Range/Section/Quarter-Quarter Section:	<small>Provided by well constructor</small>	
WM 33S 7.5E 16 SENW		
Address of Well:		
NICHOLSON ROAD, FORT KLAMATH, OREGON 97626		

