

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company WOOD RIVER DISTRICT IMPROVEMENT CO.  
Address PO 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 705.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/ lbs
32	0	46	Cement	0	46	122	S
27	46	115				Calculated	
24	115	467	Cement	46	467	462	S
19	467	649				Calculated	292.67

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	1	46	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	1	60	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	60	467	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	450	649	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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/ Screen	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	16	490	649	.095	3	2280	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
840	0	0	24

Temperature 42 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS amount 55 ppm  
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 2400  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or 42.71427140 DMS or DD  
Long \_\_\_\_\_ " or -122.00633882 DMS or DD  
 Street address of well  Nearest address

NICHOLSON ROAD

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 12/16/2016 1.5  3.5  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 3.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11/22/2016	3	173	200		3
11/28/2016	243	414	500		3
12/2/2016	414	460	1000		3
12/7/2016	460	705	5000	1.5	<input checked="" type="checkbox"/>

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

Material	From	To
Sand & Pumice	0	41
Black Rock	41	53
Broken Black Rock, Red Cinders, Blk. Sand	53	83
Black Sand	83	143
Red Cinder, Black Sand, Pumice,	143	173
Gray Clay	173	243
Gray Clay, Black Sand, Red Cinder, Pumic	243	414
Fractured Black Basalt, Brn. Clay, Cinder	414	443
Red Cinder, Brown Clay, Rock	443	460
Hard Black Basalt	460	496
Broken Black Rock, Red Cinders, Blk. Sand	496	552
Brn. Ash, Blk. Rock, Red Cinder	552	612
Blk. Rock, Brown Clay	612	649
Hard Black & Red Rock	649	656
Gray Clay, Blk. Rock, Red Cinder	656	705

Date Started 11/19/2016 Completed 12/16/2016

(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 1385 Date 11/13/2017  
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 59916**

**11/13/2017**

### Map of Hole

