

# REVISIONS REQUESTED

WELL I.D. LABEL# **KLAM 59921**

WELL I.D. LABEL# **L122345**

START CARD # **1032790**

11/15/2017

ORIGINAL LOG #

### (1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company **WOOD RIVER DISTRICT IMPROVEMENT**  
 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

Casing: Dia + From To Gauge Stl Plstc Wld Thrd  
 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

Depth of Completed Well **657.00** ft. Special Standard  (Attach copy)

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt lbs
32	0	57	Bentonite Chips	0	8	16 S
28	57	105	Calculated			
24	105	465	Cement	8	57	120 S
19	465	635	Calculated			

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"/>	24	<input checked="" type="checkbox"/>	2	101	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	1	57	.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"/>	101	465	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	435	635	.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	475	635	.095	3	3840	

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2500		645	1
850	0	0	24

Temperature **42** °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount **58** 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** NW 1/4 of the SW 1/4 Tax Lot **1200**  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or 42.71099900 DMS or DD  
 Long \_\_\_\_\_ " or -122.01562600 DMS or DD  
 Street address of well  Nearest address  
**NICHOLSON ROAD, FORT KLAMATH**

### (10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	11/18/2016	2.5	<input checked="" type="checkbox"/>	5.8

Flowing Artesian?  Dry Hole?

### WATER BEARING ZONES

Depth water was first found **3.00**

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/29/2016	3	195	200			3
10/31/2016	235	455	1000			3
11/11/2016	455	657	5000	2.5	<input checked="" type="checkbox"/>	

### (11) WELL LOG

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

Material	From	To
Pumice, Black Silty Sand	0	39
Black & Red Rock some Black Sandstone	39	99
Black, Red, Gray & Green Rock	99	195
Gray Clay	195	235
Black, Gray, Green Clay & Rock Mix	235	455
Hard Black & Gray Basalt	455	498
Black, Red Cinders, Some Brown Ash	498	630
Hard Black Basalt	630	657

Date Started **10/28/2016** Completed **11/18/2016**

### (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 **11/15/2017**  
 Signed **ROBERT BUCKNER (E-filed)**  
 Contact Info (optional) \_\_\_\_\_

**WATER SUPPLY WELL REPORT - continuation page**

**KLAM 59921**

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**11/15/2017**

**(2a) PRE-ALTERATION**

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Material					From	To	Amt	sacks/lbs

**Water Quality Concerns**

From	To	Description	Amount	Units

**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
15	635	657	Cement	57	465	462	S
						Calculated	304.94
						Calculated	
						Calculated	
						Calculated	

**(10) STATIC WATER LEVEL**

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

**FILTER PACK**

From	To	Material	Size

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

**(11) WELL LOG**

Material	From	To

**(7) PERFORATIONS/SCREENS**

Perf/ Screen	Casing/ Liner Dia	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

**Comments/Remarks**

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

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

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

# KLAM 59921

11/15/2017

## Map of Hole

