

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

KLAM 61197

11/16/2021

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

137717

1052162

(1) LAND OWNER

Owner Well I.D. _____

First Name MR. LEE Last Name TRAYNHAMCompany ROBINSON BEST, LLC.Address PO BOX 769City ARBUCKLE State CA Zip 95912**(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 Thrld

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 505.00 ft.**BORE HOLE**

Dia	From	To	Material	From	To	Amt	sacks/lbs
34	0	39	Cement	0	39	121	S
28	39	119	Calculated				
26	119	419	Cement	39	410	704	S
18.75	419	514	Calculated				414.23

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	Thrld
☒	☐	30	☒	1	39	.375	☒	☐	☒	☐
☒	☐	24	☒	1	119	.375	☒	☐	☒	☐
☒	☐	20	☐	119	410	.375	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2400		450	4
6500	19	80	12

Temperature 47 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 42 mg/L

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 WMSec 8 NE 1/4 of the SW 1/4 Tax Lot 1200

Tax Map Number _____ Lot _____

Lat _____ " or 42.72608500 DMS or DD

Long _____ " or -122.02986700 DMS or DD

☐ Street address of well ☒ Nearest address73625 HWY. 62, FORT KLAMATH, OR**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/17/2021			26

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/23/2021	11	400	2000			11
7/16/2021	420	514	80000			26

(11) WELL LOGGround Elevation 4242.00

Material	From	To
Cobbles & Sand	0	11
Soft Silty Heaving Black Sand	11	30
Black Silty Clay with Sand & Pumice	30	170
Black Sand & Small Gravels	170	220
Black Sand, Small Gravels & Gray Clay	220	240
Black Sand & Gravels	240	290
Black Sand & Gravels with Pumice	290	340
Black Sand & Gravel	340	403
Hard Black & Gray Rock	403	428
Black & Gray Rock with some fractures	428	480
Black Rock & Sandstone	480	514

Date Started 6/17/2021 Completed 8/17/2021**(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 11/16/2021Signed ROBERT BUCKNER (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

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

KLAM 61197

11/16/2021

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 42.72608500 Datum: WGS84

Longitude: -122.02986700

Township/Range/Section/Quarter-Quarter Section:
WM33.00S7.50E8NESW

Address of Well:

73625 HWY. 62, FORT KLAMATH, OR

Well Label: 137717

Printed: September 30, 2021

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.

Provided by well constructor

