

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

WELL I.D. LABEL# 108014
START CARD # 212184
ORIGINAL LOG # 1

(1) LAND OWNER
First Name WALT Last Name HAMMERICH
Company _____
Address 28989 CASEBEE
City BONANZA State OR Zip 97623

(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 500 ft.

BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
12 0 212 CEMENT 0 212 87
8 212 500 Calculated 80
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 Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
☒ ☐ 8 + 2 212 250 ☒ ☐ ☐ ☐
Shoe ☒ Inside ☒ Outside ☐ Other Location of shoe(s) 212
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/Screen Scrn/slot Slot # of Tele/
creen Liner Dia From To 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)
24 495 1m

Temperature 54 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 84
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County KLAMATH wp 385 N/S Range 11E E/W WM
Sec 32 NE 1/4 of the NW 1/4 Tax Lot 5100
Tax Map Number _____ Lot _____
Lat 42° 14' 10" or 009N DMS or DD
Long 121° 26' 20" or 074W DMS or DD
☐ Street address of well ☒ Nearest address

1363 HASKINS Rd, Bonanza

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 5/10/22 344
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____
SWL Date From To Est Flow SWL(psi) + SWL(ft)
5/10/22 350 500 24 344

(11) WELL LOG Ground Elevation _____
Material From To
COBBLES + BRN CLAY 0 1 1/2
BRN CLAY 1 1/2 6
Red CINDER SANDSTONE 6 90
BLACK CINDER " " 90 115
RED CINDER " " 115 202
GRAY BASALT 202 335
BRN CREVKE BASALT 335 500

RECEIVED

JUN 06 2022

OWRD

Date Started 11/30/2020 Completed 5/10/2022

(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 1228 Date 6/1/2022

Signed Barry L DelSpain

Contact Info (optional) _____

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JUN 06 2022

OWRD

42°14'10" .009 N
121°26'20" .074 W

T38 S R11 E Sec 32

N

