

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

WELL I.D. LABEL# L 108013
START CARD # 218627
ORIGINAL LOG # KLAM 13215

(1) LAND OWNER Owner Well I.D. _____
First Name DAVID Last Name LOCKWOOD
Company _____
Address 6203 PINTO CT
City KLAMATH FALLS State OR Zip 97603
(2) TYPE OF WORK ☐ New Well ☒ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stil Plstc Wld Thrd
Casing: 6 + 1 61 250 0 0 0 0
Material From To Amt sacks/lbs
Seal: CEMENT 0 25 14 SACKS

(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 105 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
						Calculated	
						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 Stil Plstc Wld Thrd
☐ ☒ 5" 5 105 180 0 0 0 0
Shoe ☐ Inside ☐ Outside ☒ Other NO Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method FACTORY
Screens Type _____ Material _____
Perf/S Casing/Screen Scrn/slot Slot # of Tele/
cren Liner Dia From To width length slots pipe size
✓ ✓ 5 85 105 3/32 3 10/H

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
10 5' _____ 1 hr
Temperature 57° °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 327
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County KLAMATH wp 395 N/S Range 10E E/W WM
Sec 19 SE 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number R-3910-019A0 Lot _____
Lat _____ " or 42.16896 N DMS or DD
Long _____ " or 121.68064 W DMS or DD
☒ Street address of well ☐ Nearest address

6203 PINTO CT

(10) STATIC WATER LEVEL
Date SWL (psi) + SWL (ft)
Existing Well / Pre-Alteration 6/7/22 32' 9"
Completed Well 6/16/22 32' 4"
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____
SWL Date From To Est Flow SWL (psi) + SWL (ft)
6/16/22 40 95 20 32' 9"

(11) WELL LOG Ground Elevation _____
Material From To
FINE BRN SAND 60 81
COARSE BRN SAND 81 95
BRN CLAY 95 105
RECEIVED
JUN 24 2022
OWRD

Date Started 6/7/2022 Completed 6/16/2022

(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 6/20/2022
Signed Larry A Despain
Contact Info (optional) _____