

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.705)

LAKE 51215

WELL I.D. # L47624
 START CARD # 118016

Instructions for completing this report are on the last page of this form.

Klamath

(1) OWNER: Rod Murray Well Number _____
 Name Rod Murray
 Address 15215 Cheryl Road
 City Klamath State OR Zip 97603

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 460 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
15 1/2"	0	317	Concrete	317	290	350 Sack
4"	317	460	Ben	0	50	192 Sack

How was seal placed: Method A B C D E
 Other 3/4 Hole Plug

Backfill placed from 290 ft. to 240 ft. Material Ben
 Gravel placed from _____ ft. to _____ ft. Size of gravel: _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+1	317	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tub/pipe size	Casing	Liner
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gpm/min	Drawdown	Drill stem at	Time
2000 gpm		460	0.5
_____	_____	_____	_____
_____	_____	_____	_____

Temperature of water 79' Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL, by legal description:
 County Wheeler Latitude _____ Longitude _____
 Township 40 N or S Range 10 E or W. WM.
 Section 17 NW 1/4 SE 1/4
 Tax Lot 1700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
31 ft. below land surface. Date 10-5-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
160	165	300 gpm	15'
420	460	2000 gpm	31'
_____	_____	_____	_____
_____	_____	_____	_____

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
Yellow clay with sand	2	15	
Yellow clay	15	26	
Blue clay	26	160	
Sand gravel	160	165	w/15'
Black sand stone	165	280	
Blue clay	280	285	
Gray clay stone	285	420	
Hard	_____	_____	
Broken Lava Rock	420	460	w/15'

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OCT 11 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-20-01 Completed 9-5-01
 (unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 WWC Number 1654
 Signed Mark O Date 10-8-01