

## WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL ID # **L33859**(START CARD) # **108543**

## (1) OWNER:

Well Number: \_\_\_\_\_

Name **BENJAMIN T. & KATHERINE ADAMS**Address **23333 N. POE VALLEY RD.**City **KLAMATH FALLS** 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 **494** ft.Explosives used ☐ Yes ☒ No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	50	CEMENT &	0			
6	50	494	BENTONITE		50	16 3/4 SACKS	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

## (6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	249	.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"/>
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"/>

Final location of shoe(s) **249 FT.**

## (7) PERFORATIONS/SCREENS:

☐ Perforations Method **NONE**  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/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"/>

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing ArtesianYield gal/min **20 GPM** Drawdown \_\_\_\_\_ Drill stem at **225 FT.** Time **1 hr.**Temperature of Water **50 F** Depth Artesian Flow found **NONE**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 **TOO SANDY**Depth of strata: **18' TO 242'**

## (9) LOCATION OF WELL by legal description:

County **KLAMATH** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township **35S** N or S. Range **07E** E or W. of WM.  
Section **7DA** NE 1/4 SE 1/4  
Tax lot **2800** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) **35734 DAVID ST.**  
**CHILOQUIN, OR 97624**

## (10) STATIC WATER LEVEL:

175 FT. ft. below land surface. Date **11/8/99**  
Artesian pressure **NONE** lb. per square inch. Date \_\_\_\_\_

## (11) WATER BEARING ZONES:

Depth at which water was first found **181 FT.**

From	To	Estimated Flow Rate	SWL
181	242	12 GPM	175
286	450	20 GPM	175
450	494	65 GPM	175

## (12) WELL LOG:

Ground elevation **4150**

Material	From	To	SWL
TOP SOIL	0	2	
CEMENTED BROWN CLAY & FINE GRAVEL	2	15	
YELLOW CLAY	15	22	
BROWN SANDSTONE & FINE GRAVEL	22	43	
CEMENTED BROWN SAND, CLAY & FINE GRAVEL	43	90	
BROWN CLAY	90	108	
CEMENTED BROWN CLAY, SAND & FINE GRAVEL	108	181	
GRAY CLAY W/STREAKS OF BLACK SAND & FINE GRAVEL	181	190	175
BLACK SAND & FINE GRAVEL	190	242	175
GRAY CLAY	242	286	
GRAY CLAY W/STREAKS OF BLACK SAND & FINE GRAVEL	286	450	175
BLACK SANDSTONE, SAND, FINE GRAVEL & STREAKS OF GRAY CLAY	450	494	175

**RECEIVED**

NOV 16 1999

**WATER RESOURCES DEPT.**  
**SALEM, OREGON**Date started **11/2/99**Completed **11/8/99**

## (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 my best knowledge and belief.

Signed *J. Bret Pinkard*WWC Number **1560**Date **11/12/99**

## (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.

Signed *Stephen R. Hughes*WWC Number **777**Date **11/12/99**