

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 19974
START CARD # 129186

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

(1) OWNER: Well Number _____
Name HOLAND'S DAIRY INC.
Address 19000 S. 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 435' ft.
Explosives used Yes No Type _____ Amount _____

Diameter		From		To		Material		From		To		Sacks or pounds	
HOLE		SEAL											
22"	0	260						40	250				6yds Slurry
14"	240	435			72 BAGS	0	40						GRANULAR BENT.

How was seal placed: Method A B C D E
 Other Pump via Tetric Pipe & Poured Bent.
Backfill placed from 200 ft. to 260 ft. Material Gravel
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	240	300	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
2500	90'	200	3 HR

Temperature of water 70 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: 48'-147'-195'-Sealed out with cement GROUT to 250'

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 39S N or S Range 11E E or W. WM.
Section 29 SE 1/4 SW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
As listed

(10) STATIC WATER LEVEL:
80' ft. below land surface. Date 6-28-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
48	70	4 gpm	42'
147	160	30 gpm	42'
195	198	70 gpm	42'
370	420	2500+-	80'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Clay	2	48	
Grey Clay	48	147	
Yellow Clay	147	160	
Grey Claystone	160	198	
Grey Claystone Hard	198	221	
Grey Basalt med hard	221	370	80'
Fractured Basalt	370	420	"
Hard Basalt	420	435	"

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JUL 02 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-20-01 Completed 6-28-01

(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.
WVC 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.
WVC Number 1557
Signed Paul Williams Date 6-28-01

class #2

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

KLAM 57367
04-29-2010

WELL LABEL # L 100676
START CARD # 1009640

(1) LAND OWNER
Owner Well I.D. _____
First Name BOUDEWYN Last Name DEHOOP
Company _____
Address 19000 S. POE VALLY RD.
City KLAMATH FALLS State OR Zip 97603

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

(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 TEST HOLE

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
Depth of Completed Well 580.00 ft.
BORE HOLE:

Dia	From	To	Material	From	To	Amt	sacks/lba
18	0	498	Bentonite Chips	0	40	67	S
12	498	530	Cement	40	498	505	S
10	530	580					

How was seal placed: Method A B C D E
 Other Bent Chip Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stil Plstc Wld Thrd

<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	498	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Shoe Inside Outside Other Location of shoe(s) 498
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf/S	Casing/Screen	Screen/Slot	Slot	# of	Tele/			
creen	Liner	Diag	From	To	width	length	slots	pipe size

APR 26 2013

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

2,500		180	2
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Temperature 68 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Klamath Twp 39.00 S N/S Range 11.50 E F/W WM
Sec 33 SW 1/4 of the NW 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
20520 REILING RD. KLAMATH FALLS, OR

(10) STATIC WATER LEVEL
Date _____ SWL(psi) + SWL(ft)
Existing Well / Predeepening _____
Completed Well 04-26-2010 _____ 22
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-26-2010	10	18	3		19
04-26-2010	48	62	25		19
04-26-2010	275	285	20		19
04-26-2010	498	580	3,000		22

(11) WELL LOG Ground Elevation 4,150

Material	From	To
Top Soil	0	6
Yellow Clay	6	10
Brown & Gray Clay with Brown Sand	10	18
Gray Clay	18	48
Gray Clay with Streaks of Black Sand & Gravel	48	62
Gray Clay	62	275
Gray Clay with Streaks of Black Sand	275	285
Gray Claystone & Sandstone	285	312
Gray Clay	312	498
Black Rock	498	509
Brown & Red Lava Rock	509	521
Black Lava Rock	521	528
Brown Lava Rock	528	531
Black Lava Rock	531	536
Brown Lava Rock	<u>OCT 04 2010</u> 536	580

WATER RESOURCES DEPT
SANTA FE COUNTY

Date Started 03-11-2010 Completed 04-26-2010

(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 _____
Electronically Filed
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 777 Date 04-29-2010
Electronically Filed
Signed STEPHEN R HUGHES (E-Filed)
Contact Info (optional)