

#14

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.785)

KLAMATH
10139

FEB - 4 1991

39S/10E/8 b6

WATER RESOURCES DEPT (START CARD) # 23510

(1) OWNER:

Name Shield Crest, Inc.
Address 9682 Greenbriar
City Klamath Falls, State OR Zip 97603

Well Number: _____

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____
Township 39 N or S, Range 10 E or W, WM.
Section 8 NW ¼ NW ¼
Tax Lot _____ Lot 11 Block 4 Subdivision _____
Street Address of Well (or nearest address) Shield Crest

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No
Yes No Depth of Completed Well 360 ft.
Explosives used Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
18	0 304	cement	0 20	24	
		cement	284 304	18	
10	304 360				

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:

Casing:	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					Yes	No	Yes	No	Yes	No	Yes	No
	14	1	304	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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) 304

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian
Yield gal/min 800 Drawdown 11 1/2 Drill stem at _____ Time 1 hr.

Temperature of water 80° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom OWNER
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other Iron
Depth of strata: 96

(10) STATIC WATER LEVEL:

65 ft. below land surface. Date 1/24/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 96

From	To	Estimated Flow Rate	SWL
96	280	40	46
330	360	600	65

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil & fill	0	3	
Boulders & clay	3	4	
Yellow clay	4	29	
Green clay	29	49	
Green shale	49	96	
Gray shale	96	290	
Hard gray sandstone	290	298	
Hard gray lava	298	330	
Brn & gray lava	330	340	
Gray lava	340	346	65
Broken gray & brn lava (wb)	346	360	

Date started 10/24/90 Completed 1/26/91

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1228
Signed Larry H. Despain Date 1/26/91