

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

KLAMATH
10921

RECEIVED
FEB 14 1994

398/10E/5cb
 (START CARD) # *60007*

WATER RESOURCES DEPT.
 SALEM, OR

(1) OWNER:
 Name Shield Crest Inc.
 Address 9682 Greenbrier Dr.
 City Klamath Falls, State OR Zip 97603

(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 Depth of Completed Well 575 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	210	cement	0	380	
12	210	380				251
8	380	575				

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:	12	±1	200	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8	200	380	.250	<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) 380'

(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"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
750	37		4 hr.
Valley Pump & equipment			

Temperature of Water 70 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom Tulelake Water Lab.
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 335

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 39S N or S. Range 10E E or W. WM. _____
 Section 5 NW SW
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2862 Westgate Dr.

(10) STATIC WATER LEVEL:
92 ft. below land surface. Date 2/8/94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 335

From	To	Estimated Flow Rate	SWL
335	360	20	90
458	575	750	92

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brn sandy clay & boulders	2	47	
Yellow clay	47	50	
Gray clay	50	335	
Hard gray shale	335	374	
Gray basalt	374	421	
Gray lava	421	458	
Gray & brn lava	458	575	92

Date started 11/12/93 Completed 2/8/94

(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.
 Signed _____ WWC Number _____
 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.
 Signed Larry G. Oelspan WWC Number 1228
 Date 2/10/94