

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

FEB - 3 1998

WELL I.D. # 18443
 START CARD # 106311

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

(1) OWNER: Well Number _____ SALE # _____
 Name Pat FHLI
 Address P.O. Box 9
 City LYONS State OR Zip 97358

(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 104 1/2 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks	pounds
14"	0	38	3/4" Hole Plug	0	38	42	
10"	38	104 1/2"					

How was seal placed: Method A B C D E
 Other 3 min Pour Per Bag
 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: 10"	+1 1/2"	104 1/2"	25	<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	Number	Diameter	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
4.75 gpm	12 1/2"		4 min.

Temperature of water 46° 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: 8

(9) LOCATION OF WELL by legal description:
 County Klamath Latitude _____ Longitude _____
 Township 23 N or S Range 9 E or W. WM.
 Section 20 SE 1/4 SW 1/4
 Tax Lot 1800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) near Collins Dr No Address

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

(11) WATER BEARING ZONES:

Depth at which water was first found 25'

From	To	Estimated Flow Rate	SWL
25'	33'	20 gpm	17'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Pumice	0	4	
Gravel Brown	4	14'	
Brown Clay	14	25	
Sand Brown Course	25	33'	17'
Brown Clay	33'	104'	
Pumice Course	104	105	48'

Date started 10-9-97 Completed 10-22-97

(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 1614
 Signed Sam Olson Date 1-29-98

RECEIVED

Klamath
51069

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STATE OF OREGON
WATER SUPPLY WELL REPORT

NOV 26 1997

WELL I.D.#

(START CARD) # 106311

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name Pat EHLI
Address P.O. Box 9
City LYONS State OR Zip 97358

(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 104' 6"
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Backs or pounds	
Diameter	From To	Material	From To		
14"	0 38'	3/4" Hole Plug	0 18'		42
10"	38 104'				

How was seal placed: Method A B C D E

Other 3 min Pour Pack

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: 10"	0 104'	1-1/2"	<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:

Perforations		Screens						
From	To	Slot size	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
47 gpm	12' 6"		4 hr.

Temperature of water 46° 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: 8'

(9) LOCATION OF WELL by legal description:

County Klamath Latitude _____ Longitude _____
Township 23 N or S Range 5 E or W. WM.
Section 2D SE 1/4 SW 1/4
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) near Collier Dr.
No Address

(10) STATIC WATER LEVEL:

48 ft. below land surface. Date 10-22-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 25'

From	To	Estimated Flow Rate	SWL
25'	33'	20 gpm	17'

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Ground Elevation _____

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Pumice	0	4	
Gravel Brown	4	14	
Brown Clay	14	25'	
Sand Brown Course	25'	33'	17'
Brown Clay	33'	101'	
Pumice Course	104	105'	48'

Date started 10-9-97 Completed 10-22-97

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WWC Number 1614