

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

KLAM
 61538

TAG # L 19879

(START CARD) # 107242

(1) OWNER: Well Number 3
 Name SPRAGUE RIVER WATER ASSN.
 Address PO BOX 3
 City SPRAGUE RIVER State OR Zip 97639

(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 415 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>12 1/4</u>	<u>0</u>	<u>59</u>	<u>CONCRETE</u>	<u>3</u>	<u>43</u>	<u>CONCRETE SXS</u>
<u>7 1/8</u>	<u>59</u>	<u>417</u>				<u>CONCRETE SXS</u>

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: <u>8 7/8</u>	<u>+1.5</u>	<u>59</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6 7/8</u>	<u>-7</u>	<u>415</u>	<u>CL200</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 59 FEET

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>375</u>	<u>415</u>	<u>1/8</u>	<u>144</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 240 Drawdown 149 Drill stem at _____ Time 10 hr.

Temperature of Water 66° F 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: _____

(9) LOCATION OF WELL by legal description:
 County KLAMATH Latitude _____ Longitude _____
 Township 36E N or S. Range 10E E or W. WM. _____
 Section 14 NW 1/4 SW 1/4
 Tax Lot 10000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Corner 8th Ave & 7th St SPRAGUE RIVER OREGON

(10) STATIC WATER LEVEL:
78 ft. below land surface. Date 9/10/98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 385 FEET

From	To	Estimated Flow Rate	SWL
<u>385</u>	<u>417</u>	<u>240 GPM</u>	

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
CLAY TOPSOIL	0	2	
FINE TO MED. GRANULAR GRAVEL	2	17	
SANDY YELLOW CLAY	17	35	
SILTY BLOU SHALE	35	97	
BROWN LAM	97	101	
GREEN SHALE	101	104	
HARD BROWN SHALE	104	105	
GREEN SHALE	105	347	
HARD GREEN SHALE	347	354	
SILTY GREEN SHALE	354	385	
BLACK SANDSTONE WITH BLACK SAND	385	415	
BLACK SAND	415	417	

RECEIVED
 SEP 30 1998
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9/2/98 Completed 9/10/98

(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 6001
 Signed _____ Date 9/10/98