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JUN 16 1999

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 23987
START CARD # 108236

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

(1) OWNER: Well Number _____
Name Steelhead, LLC
Address 3151 Shield Crest Drive
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 719ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12	0	151	cement	0	20	7	
			bent	18	151	58	

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	151	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	+2	151	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 151

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Test/pipe size	Casing	Liner
Table content is crossed out with a large diagonal line.								

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
Temperature of water _____ 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 39S N or S Range 10E E or W. WM.
Section 8 NE 1/4 NW 1/4
Tax Lot 1600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3151 Shield Crest Drive

(10) STATIC WATER LEVEL:
35 1/2 ft. below land surface. Date 3/25/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Elev Rate	SWL
Table content is crossed out with a large diagonal line.			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Set 3" casing down			
on reduction in hole			
@ 151'. Back fill			
w/bentonite chips,			
cement top,			
Moved Back on 3/29/99 Bailed & cleaned Bottom 10'			

Date started 3/23/99 Completed 3/29/99
(unbonded) Water Well Constructor Certification: 4/16/99
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.
Signed Larry J. DeSpain WWC Number 1728 Date 3/29/99