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STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL ID #1 31118
SALEM, OREGON 9717999

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

(1) OWNER: Well Number _____
Name TIM SUNNAFRAM
Address PO BOX 188
City DIY State ORE Zip 97222

(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 300 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE

Diameter	From	To	Material	From	To	Sacks or pounds
<u>14"</u>	<u>0</u>	<u>58</u>	<u>Drill</u>	<u>0</u>	<u>58</u>	<u>28</u>
<u>10"</u>	<u>58</u>	<u>163</u>				
<u>8"</u>	<u>163</u>	<u>300</u>				

SEAL

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Boone 38 Bermet

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>10"</u>	<u>+12</u>	<u>58</u>	<u>250</u>	☒	☐	☒	☐
Liner: <u>8"</u>	<u>-30</u>	<u>163</u>		☒	☐	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>1000</u>	<u>300</u>	<u>300</u>	<u>1hr</u>

Temperature of water 50 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 36 N or S Range 13 E or W. WM.
Section 21 NW 1/4 2E 1/4
Tax Lot 3613 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5 mile East
Deary OK

(10) STATIC WATER LEVEL:

56.7 ft. below land surface. Date 9-25-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 108

From	To	Estimated Flow Rate	SWL
<u>90</u>	<u>108</u>	<u>25</u>	<u>56.7</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Brown Boulders Sand clay</u>	<u>0</u>	<u>9</u>	
<u>Brown Sand stone</u>	<u>9</u>	<u>50</u>	
<u>Brown Lava Rock</u>	<u>50</u>	<u>90</u>	
<u>Pine white</u>	<u>90</u>	<u>108</u>	
<u>Brown Lava Rock</u>	<u>108</u>	<u>110</u>	
<u>White Lava Rock</u>	<u>110</u>	<u>125</u>	
<u>Brown Lava Rock</u>	<u>125</u>	<u>140</u>	
<u>White Lava Rock with clay</u>	<u>140</u>	<u>163</u>	
<u>Brown Lava Rock</u>	<u>163</u>	<u>238</u>	<u>WB 56.7</u>
<u>Brown 154 Red Lava Rock</u>	<u>238</u>	<u>240</u>	<u>WB</u>
<u>Tan Lava Rock</u>	<u>240</u>	<u>270</u>	<u>WB</u>
<u>White Lava Rock</u>	<u>270</u>	<u>291</u>	<u>WB</u>
<u>Brown Lava Rock</u>	<u>291</u>	<u>295</u>	
<u>White Lava Rock</u>	<u>295</u>	<u>297</u>	
<u>Brown Lava Rock</u>	<u>297</u>	<u>300</u>	

Date started 9-15-94 Completed 9-20-94

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

Signed [Signature] WWC Number 1654 Date 10-20-94