

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

WELL I.D. # L 50142
 START CARD # 102523

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

(1) OWNER: Well Number _____
 Name HARRY H BUTCH CALDWELL
 Address 8220 WASHBURN WAY
 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 330 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
15"	0	98	NET CEMENT	35	98	4440
			BENTONITE	0	35	24 sacks
10"	98	330				

How was seal placed: Method A B C D E
 Other POURED (BENTONITE TO 35')
 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"	+2	98	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) 98'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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	Bailer	Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
1000 +		320'	1 hr.

Temperature of water 80° 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 39 N or S Range 9 E or W. WM.
 Section 28 SE 1/4 NE 1/4
 Tax Lot 1800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8220 WASHBURN WAY

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 6-19-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
50	60	5 gpm	
60	75	7 gpm	
310	330	1000 +	

(12) WELL LOG:
 Ground Elevation 4125

Material	From	To	SWL
SANDY TOPSOIL	0	5	
BROWN SAND	5	11	
DIAOMACIOUS	11	16	
GREEN CLAY	16	50	
GRAY CLAYSTONE - SOFT	50	60	w/B
SANDY GREEN CLAYSTONE	60	255	w/B
SANDSTONE	255	275	
GREEN CLAYSTONE Hard	275	310	
BROKEN LAVA	310	330	

Date started 6-11-01 Completed 6-19-01

(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 Arthur J. Fry WWC Number 1739
 Date 6-20-01

(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 Arthur J. Fry WWC Number 1355
 Date 6-20-01