

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

WELL I.D. # L 19974
START CARD # 129186

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

(1) OWNER: Well Number _____
Name Holands Dairy Inc.
Address 1900 S. POE VALLEY RD
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 435' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22"	0	260		+40	250	6yds Slurry
			72BAQS	0	40	GRANULAR BENT.
14"	260	435				

How was seal placed: Method A B C D E
 Other Pump Via Tronic Pipe & Poured Bent.
Backfill placed from 250 ft. to 260 ft. Material GRANUL
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	260	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"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Type	Number	Diameter	Material	Tele./pipe size	Casing	Liner
								<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2500 Drawdown 90' Drill stem at 200 Time 3 HR

Temperature of water 70 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: 48'-147'-195'-Sealed out with cement GROUT to 250'

(9) LOCATION OF WELL by legal description:
County Klamath Latitude _____ Longitude _____
Township 39S N or S Range 11E E or W. WM.
Section 29 SE 1/4 SW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) As listed

(10) STATIC WATER LEVEL:
50' ft. below land surface. Date 6-28-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
<u>48</u>	<u>70</u>	<u>4 gpm</u>	<u>42'</u>
<u>147</u>	<u>160</u>	<u>30 gpm</u>	<u>42'</u>
<u>195</u>	<u>198</u>	<u>70 gpm</u>	<u>42'</u>
<u>370</u>	<u>420</u>	<u>2500+ -</u>	<u>80'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
CLAY	2	48	
GRAY CLAY	48	147	
YELLOW CLAY	147	160	
GRAY CLAYSTONE	160	198	
GRAY CLAYSTONE HARD	198	221	
GRAY BASALT Med Hard	221	370	50'
FRACTURED BASALT	370	420	"
HARD BASALT	420	435	"

RECEIVED

JUL 02 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-20-01 Completed 6-28-01

(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.

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 1557
Signed Brad Williams Date 6-28-01