

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 108777

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

(1) OWNER: Well Number: _____
 Name **COLUMBIA FOREST PRODUCTS**
 Address **HWY 97 SOUTH**
 City **KLAMATH FALLS** State **OR** Zip **97601**

(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 **324** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10	0 264	BENTONITE	0 30	6 SACKS	
8	264 324	CEMENT	30 264	47 SACKS	

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: 8	+1	264	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **264 FT.**

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150 GPM		90 FT.	1 hr.

Temperature of Water **64 F** Depth Artesian Flow found **NONE**
 Was a water analysis done? Yes No By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other
 Depth of strata: **NONE**

(9) LOCATION OF WELL by legal description:
 County **KLAMATH** Latitude _____ Longitude _____
 Township **39S** N or S. Range **09E** E or W. of WM. _____
 Section **18** **SE** 1/4 **NE** 1/4 _____
 Tax lot **1300** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **HWY 97 SOUTH OF KLAMATH FALLS, OR**

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date **8/27/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **82 FT.**

From	To	Estimated Flow Rate	SWL
82	104	4 GPM	16
208	240	25 GPM	16
309	324	350 GPM	29

(12) WELL LOG: Ground elevation **4150**

Material	From	To	SWL
TOP SOIL	0	4	
GRAY CLAY & GRAVEL	4	8	
SANDY BROWN CLAY	8	12	
BROWN CLAY	12	18	
GRAY CLAY	18	82	
GRAY CLAY W/STREAKS OF BLACK SANDSTONE	82	104	16
GRAY CLAY & CLAYSTONE	104	170	
BLACK ROCK	170	208	
GRAY CLAYSTONE W/STREAKS OF BLACK SANDSTONE	208	240	16
GRAY CLAYSTONE	240	258	
BLACK ROCK	258	309	
FRACTURED GRAY ROCK & BROWN CLAY	309	324	29

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **8/20/2001** Completed **8/27/2001**

(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 my best knowledge and belief.

Signed *J. Bret Pinkard* WWC Number **1560**
 Date **8/31/2001**

(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 *Stephen R Hughes* WWC Number **777**
 Date **8/31/2001**