

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 140444

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

(1) OWNER: Well Number: 1
 Name **MEEKER FARMS**
 Address **4868 TONY CT.**
 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 **142** ft.
 Explosives used Yes No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20	0	28	3/8 CHIP	0		
15	28	80	BENTONITE			23 SACKS
10	80	142	GRANULAR BENTONITE		28	6 SACKS

How was seal placed: Method A B C D E
 Other **POURED**
 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:	16	+1	29	.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) **29 FT.**

(7) PERFORATIONS/SCREENS:

Perforations Method **NONE**
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1500? GPM		80 FT.	1 hr.

Temperature of Water **61 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 **40S** N or S. Range **09E** E or W. of WM.
 Section **08** SW 1/4 NW 1/4
 Tax lot **300** Lot Block Subdivision
 Street Address of Well (or nearest address) **OFF CROSS ROAD WEST OF TINGLEY LN. INTERSECTION KLAMATH FALLS, OR**

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date **8/22/2001**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **45 FT.**

From	To	Estimated Flow Rate	SWL
45	142	2000? GPM	45

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

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	12	
BROWN SANDSTONE	12	23	
BLACK ROCK	23	45	
BROWN LAVA ROCK	45	48	45
BLACK LAVA ROCK	48	76	45
BROWN LAVA ROCK	76	82	45
BLACK ROCK	82	142	45

RECEIVED

SEP 07 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started **8/7/2001** Completed **8/22/2001**

(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 _____ 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 *Stephen R. Hughes* WWC Number **777**
 Date **8/24/2001**