

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

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

WELL I.D. # L 19964
 START CARD # 132170

*Klam
52918*

(1) OWNER: Well Number 2
 Name NEISON'S JUNIPER RIDGE RANCH
 Address 24624 Schapp 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 740' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22	300	392	Cement	300	392	8 yds Slurry
22	-15	300	Small Gravel	-15	300	4 yds
22	0	15	Bentonite	0	-15	20 SACKS
14	392	730				

How was seal placed: Method A B C D E
 Other pumped via Tremie
 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: 14	+2	392	37.5	<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	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
2500+-	100'	720'	4 hr.

Temperature of water 80 Depth Artesian Flow Found 530'
 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 403 N or S Range 11E E or W. WM.
 Section 3 SW 1/4 SW 1/4
 Tax Lot 1400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 24624 Schapp Rd
KLAMATH FALLS

(10) STATIC WATER LEVEL:
35' ft. below land surface. Date 7-18-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 530'

From	To	Estimated Flow Rate	SWL
530	600	2500+-	35

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown Clay	2	22	
Black Clay	22	210	
Hard Green Clay	210	246	
Black Clay	246	370	
Black Clay	246	370	
Grey Basalt	370	530	35
Fractured Basalt	530	600	"
Grey Basalt	600	642	"
Fractured Basalt	642	670	"
Black Basalt	670	740	"

RECEIVED SEP 10 2001 WATER RESOURCES DEPT. SALEM, OREGON	RECEIVED JAN 08 2004 WATER RESOURCES DEPT. SALEM, OREGON
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Date started 6-28-01 Completed 7-18-01

(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 _____ 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 Paul A. Seiler WWC Number 1557 Date 7-18-01