

**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.

*Klam
52935*

WELL I.D. # L 47622
START CARD # 133545

(1) OWNER: Well Number _____
Name Red A Duarte
Address 32630 Hwy 50
City Malin State OR Zip 97632

(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 640 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | |
|----------|------|-----|-------------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 12 1/4" | 0 | 195 | Cement | 195 | 25 | 54 sack |
| 8" | 195 | 640 | 3/8 Ben Tex | 25 | 60 | 140 sack |

How was seal placed: Method A B C D E
 Other 3/8 Ben Tex
Backfill placed from 100 ft. to 25 ft. Material Ben Tex
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 8" | 41 | 195 | 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) _____

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Casing | Liner |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| 900 gal | | 640 | 1 hr |

Temperature of water 48 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 41 N or S Range 12 E or W. WM.
Section 22 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 32630 Hwy 50
Malin OR 97632

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 8-13-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 15'

| From | To | Estimated Flow Rate | SWL |
|------|--------|---------------------|-----|
| 15 | 15 1/2 | 30 gal | 12' |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|----------------------|------|-----|-----|
| TOP Soil | 0 | 5 | |
| Brown Sand | 5 | 10 | |
| Blue Clay Sand Shale | 10 | 35 | w/B |
| Blue Clay | 35 | 45 | |
| Coarse clay soft | 45 | 85 | |
| Coarse clay medium | 85 | 140 | |
| Coarse clay hard | 140 | 640 | |
| Coarse clay soft | 640 | 640 | |

SEARCH DRILLING, INC.
RECEIVED (THOMAS W. SEARCH) PO BOX 385
CHRISTMAS VALLEY, OR 97641
841-576-2189

SEP 17 2001

RECEIVED
OCT 24 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-2-01 Completed 8-13-01

(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 165-1
Signed _____ Date 8-31-01