

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

OCT 31 2001

WELL I.D. # L none START CARD # 140009

Instructions for completing this report are on the back of this form. WATER RESOURCES DEPT. SALEM, OREGON

(1) LAND OWNER Name City of Malin Address 2432 4th St. City Malin, State OR Zip 97632

(2) TYPE OF WORK [] New Well [] Deepening [] Alteration (repair/recondition) [X] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Auger [X] Other special standard

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [X] Yes [] No Depth of Completed Well ___ ft. Explosives used [] Yes [] No Type ___ Amount ___

Table with columns for HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Row 1: 10, 0, 302, , , , , ,

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: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing and Liner rows with checkboxes.

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material Table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [] Air [] Artesian. Table with columns for Yield gal/min, Drawdown, Drill stem at, Time.

Temperature of water ___ 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 41S N or S Range 12E E or W. WM. Section 15 NW 1/4 SW 1/4 Tax Lot none Lot Block Subdivision Street Address of Well (or nearest address) 2432 4th St. well #2

(10) STATIC WATER LEVEL: 63 ft. below land surface. Date 10/24/01 Artesian pressure ___ lb. per square inch Date

(11) WATER BEARING ZONES: Table with columns for From, To, Estimated Flow Rate, SWL. Row 1: MEASURED ZONE

(12) WELL LOG: Ground Elevation Table with columns for Material, From, To, SWL. Entries: Measure into 302', backfill w/ 3/8 bentonite chips-20' to 302' w/161 sacks, filled from -7' to 20' w/4 sacks of cement.

Date started 10/24/01 Completed 10/24/01

(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 Gary A. Wapner WWC Number 1228 Date 10/25/01